

EXHIBIT 25

UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

CIV. NO. 18-2301 (JRT/KMM)

David W. Lynas, as Trustee for the
next-of-kin of James C. Lynas,

Plaintiff,

vs.

Linda S. Stang, et al.,

Defendants.

VIDEO DEPOSITION TRANSCRIPT OF

TODD LEONARD

May 31, 2019

at

Caribou Coffee, St. Cloud West
4135 West Division Street
St. Cloud, MN 56301

Reporter: Jane T. Doby
Registered Merit Reporter
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Todd Leonard
5/31/2019

<p style="text-align: right;">2</p> <p>1 APPEARANCES: 2 On Behalf of Plaintiff David W. Lynas: 3 Robert Bennett, Attorney at Law 4 rbennett@gaskinsbennett.com 5 Kathryn H. Bennett, Attorney at Law 6 kbennett@gaskinsbennett.com 7 GASKINS, BENNETT & BIRRELL, LLP 8 333 South Seventh Street 9 Suite 3000 10 Minneapolis, MN 55402 11 12 On Behalf of the Sherburne County Defendants: 13 Jason M. Hiveley, Attorney at Law 14 jasonh@irc-law.com 15 IVERSON REUVERS CONDON 16 9321 Ensign Avenue South 17 Bloomington, MN 55438 18 19 On Behalf of MEnD Defendants: 20 Anthony J. Novak, Attorney at Law 21 tnovak@larsonking.com 22 LARSON KING, LLP 23 30 East Seventh Street 24 Suite 2800 25 St. Paul, MN 55101 26 27 Also Present: Jayme Hogan, Envision Video 28 29 NOTE: Pursuant to Minnesota Rule of Civil Procedure 30 30.06, the original transcript will be 31 delivered to Gaskins, Bennett & Birrell, 32 LLP, the noticing party. 33 NOTE: Exhibit No. 28 was were marked for 34 identification. 35</p>	<p style="text-align: right;">4</p> <p>1 examined and testified as follows: 2 *** 3 EXAMINATION 4 BY MR. BENNETT: 5 Q Would you state your full name for the 6 record, please. 7 A Todd Arthur Leonard. 8 Q And what is your present occupation? 9 A President and chief medical officer for 10 MEnD Correctional Care. 11 Q And was that true in -- from the period 12 November 1 to November 9, 2017? 13 A Yes. 14 Q In addition, did you have other -- and by 15 "medical director," you mean you were in charge of 16 all -- over all medical care that MEnD provides? 17 A I supervise, either directly or indirectly, 18 all clinical staff. 19 Q But the buck stops with you. Right? 20 That's the Harry Truman -- 21 A I don't know how to answer that. I -- I'm 22 responsible for supervising my clinical staff. 23 Q And you understand that you provide 24 correctional medical care. Correct? 25 A Correct.</p>
<p style="text-align: right;">3</p> <p>1 PROCEEDINGS 2 (The video deposition of TODD LEONARD was 3 commenced at 9:03 a.m. as follows:) 4 TODD LEONARD, 5 called as a witness, being first duly sworn, was 6 examined and testified as follows: 7 VIDEOGRAPHER: This is the video deposition 8 to Dr. Todd Leonard. Today's date is May 31st, 2019, 9 and the time is approximately 9:03 a.m. 10 Would each attorney please state their name 11 for the record. 12 MR. BENNETT: Robert Bennett, appearing on 13 behalf of the plaintiff. 14 MS. BENNETT: Kathryn Bennett, for the 15 plaintiff. 16 MR. NOVAK: Tony Novak, for the witness. 17 MR. HIVELEY: Jason Hiveley, for the 18 Sherburne County Defendants. 19 VIDEOGRAPHER: Thank you. 20 Would the court reporter please administer 21 the oath. 22 (Oath administered.) 23 THE WITNESS: I do. 24 TODD LEONARD, 25 called as a witness, being first duly sworn, was</p>	<p style="text-align: right;">5</p> <p>1 Q And correctional Medicare -- medical care 2 is -- is just a little different from regular medical 3 care in that it's constitutionally mandated. Isn't 4 that right? 5 A I would say there's differences between 6 correctional health care and community health care in 7 a variety of ways. I'm not an attorney, so I -- I -- 8 I don't know if I would be able to answer that 9 specific question. 10 Q So you -- you don't know that the inmates 11 are mandated, that -- to have adequate medical and 12 mental health care and treatment by the United States 13 Constitution and the case law surrounding that? 14 You're unaware of that? Is that what you're telling 15 me? 16 A I have some -- some idea of the fact that 17 inmates, detainees, are provided, by rights, to have 18 adequate medical care while incarcerated. That I do 19 know. 20 Q Okay. 21 A I'm just not an attorney when it comes to 22 particulars. 23 Q But you've heard of the United States 24 Constitution? 25 A Yes. I have heard of the Constitution.</p>

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<p style="text-align: right;">6</p> <p>1 Q And you understand that we all have these</p> <p>2 rights that are set forth in the Bill of Rights.</p> <p>3 You've heard of that too. Right?</p> <p>4 A Correct.</p> <p>5 Q And you know they have these various</p> <p>6 amendments to the Bill of Rights. Like the Fourth</p> <p>7 Amendment is search and seizure. You know that?</p> <p>8 A I'm aware of it.</p> <p>9 Q Eighth Amendment is cruel and unusual</p> <p>10 punishment. And the Fourteenth Amendment is</p> <p>11 substantive due process.</p> <p>12 And it's the Eighth and the Fourteenth</p> <p>13 Amendments that govern correctional medical care.</p> <p>14 Isn't that right?</p> <p>15 A Again, I'm aware that they have involvement</p> <p>16 in correctional health care. But I'm -- I'm not an</p> <p>17 attorney to --</p> <p>18 Q Are you aware of anywhere else in -- in</p> <p>19 medical care that there's a constitutional mandate</p> <p>20 for it?</p> <p>21 A Am I aware -- can you repeat that?</p> <p>22 Q Are you aware of any other area of medical</p> <p>23 care where there's a constitutional mandate for it,</p> <p>24 other than in the prison or jail setting?</p> <p>25 A I don't know the answer to that.</p>	<p style="text-align: right;">8</p> <p>1 What -- what's -- what's the difference</p> <p>2 between responsible health authority and medical</p> <p>3 director, if any?</p> <p>4 A It depends on the facility. Responsible</p> <p>5 health authority can be a person, it can be an</p> <p>6 entity. Medical director is definitely a person.</p> <p>7 Q Okay.</p> <p>8 A That's the biggest difference.</p> <p>9 Q Is there -- are there other differences</p> <p>10 that you're aware of?</p> <p>11 A I suppose you could -- you could suggest</p> <p>12 that there's some different responsibilities</p> <p>13 associated with each. As an overall perspective.</p> <p>14 Q You've had -- with which county have you</p> <p>15 had the longest association as a medical director?</p> <p>16 A Should be Sherburne.</p> <p>17 Q And Sherburne County is a large facility.</p> <p>18 Isn't that correct?</p> <p>19 A I want to correct my last answer.</p> <p>20 I don't know if "longest" is correct. But</p> <p>21 the most time spent with as medical director. I</p> <p>22 don't know if that's a difference, but...</p> <p>23 Q Okay.</p> <p>24 How -- when were you medical director at</p> <p>25 Sherburne County Jail?</p>
<p style="text-align: right;">7</p> <p>1 Q Okay.</p> <p>2 You have certain qualifications that you've</p> <p>3 listed on your CV. Is that right?</p> <p>4 A Yes.</p> <p>5 Q You're board certified in family medicine</p> <p>6 is that right?</p> <p>7 A Correct.</p> <p>8 Q And you've had to re-up that, what, twice</p> <p>9 now?</p> <p>10 A I recertified in 2006 and 2016.</p> <p>11 Q And you have a CCHP certification?</p> <p>12 A Yes.</p> <p>13 Q And that's -- tell us what that is.</p> <p>14 A Certified Correctional Health Care</p> <p>15 Professional.</p> <p>16 Q And what is a CCHP-P certification?</p> <p>17 A That's an advanced certification from the</p> <p>18 NCCHC, National Commission on Correctional Health</p> <p>19 Care, which is Certified Correctional Health Care</p> <p>20 Professional Physician.</p> <p>21 Q Okay. And you have active medical</p> <p>22 licensure in Minnesota, Illinois and Wisconsin?</p> <p>23 A Correct.</p> <p>24 Q In November of 2017, were you the</p> <p>25 medical...</p>	<p style="text-align: right;">9</p> <p>1 A From late 2006 until sometime in 2013. I</p> <p>2 don't have that -- exact dates. And then at some</p> <p>3 point in 2014 until present.</p> <p>4 Q Why did it end in 2013?</p> <p>5 A I ended the contract with them.</p> <p>6 Q Why?</p> <p>7 A At the time, all the nursing and clinical</p> <p>8 support staff worked for the sheriff's department,</p> <p>9 and I was the medical director overseeing the clinic.</p> <p>10 And I felt that it wasn't as ideal having the</p> <p>11 clinical staff work for another entity. I felt it</p> <p>12 was a bit disjointed.</p> <p>13 Q And then you came back on board, is that</p> <p>14 right, at Sherburne County?</p> <p>15 A Yes. They asked me to consider coming back</p> <p>16 and, kind of, managing the whole clinic staff,</p> <p>17 including the medical directorship, and take those</p> <p>18 clinical staff members that worked for the sheriff's</p> <p>19 department and take that and put it under the</p> <p>20 umbrella of MENd Correctional Care.</p> <p>21 Q So when you worked from 2006 to 2013 at the</p> <p>22 Sherburne County Jail, did you do so under the</p> <p>23 auspices of the MENd company?</p> <p>24 A Part of it no, part of it yes.</p> <p>25 Q But you were the only MENd employee at</p>

<p style="text-align: right;">10</p> <p>1 Sherburne County Jail during that period?</p> <p>2 A No. That's not correct.</p> <p>3 Q Okay. So what other MEnD employees were at</p> <p>4 the Sherburne County Jail during the period 2006 to</p> <p>5 2013?</p> <p>6 A I -- I can't tell you at this moment I know</p> <p>7 every name that would have worked there. But I can</p> <p>8 tell you one name for certain was Marty Langenfeld.</p> <p>9 Q Okay. And Marty, what was his position?</p> <p>10 A He was a physician's assistant, medical</p> <p>11 provider.</p> <p>12 Q Okay. So you had some other medical</p> <p>13 providers during that time period that you employed</p> <p>14 that worked at the Sherburne County Jail?</p> <p>15 A Correct.</p> <p>16 Q Did you employ any mental health providers?</p> <p>17 A During that time? I don't believe so.</p> <p>18 Q Did you employ any nurses?</p> <p>19 A At Sherburne County Jail?</p> <p>20 Q Correct.</p> <p>21 A I don't believe so.</p> <p>22 Q Were there other medical directors [sic]</p> <p>23 that you employed?</p> <p>24 A I have to -- can you rephrase that?</p> <p>25 Q Other than Langenfeld.</p>	<p style="text-align: right;">12</p> <p>1 more things, and they paid you more money.</p> <p>2 A I -- there -- I'm sure there's differences,</p> <p>3 I just wouldn't know what they are offhand. But...</p> <p>4 Q Okay. But the idea was, you came in as</p> <p>5 sort of a stopgap measure until you could work out</p> <p>6 this other contract?</p> <p>7 A I think that's a good characterization.</p> <p>8 Yeah.</p> <p>9 Q Okay.</p> <p>10 And when -- in -- in November, from</p> <p>11 November 1 to November 9 of 2017, the dates that</p> <p>12 James Lynas was in the facility the last time, were</p> <p>13 you the medical director at that time?</p> <p>14 A Yes.</p> <p>15 Q Okay.</p> <p>16 A Of Sherburne County Jail. Yes.</p> <p>17 Q Can you tell me if you were at the</p> <p>18 Sherburne County Jail, actually physically present,</p> <p>19 from November 1 to November 9, 2017, at the Sherburne</p> <p>20 County Jail?</p> <p>21 A I don't recall.</p> <p>22 Q Would you have records that would indicate</p> <p>23 whether you were or not?</p> <p>24 A I don't know.</p> <p>25 Q We know that you never saw James Lynas; at</p>
<p style="text-align: right;">11</p> <p>1 A At Sherburne County Jail?</p> <p>2 Q Medical provider. Excuse me.</p> <p>3 A I -- I don't recall if there was more than</p> <p>4 him.</p> <p>5 Q Langenfeld is the only one that comes to</p> <p>6 mind as you sit here today?</p> <p>7 A Correct.</p> <p>8 Q All right.</p> <p>9 Then, as I understand it, the sheriff and</p> <p>10 Sherburne County decided to get rid of ACH?</p> <p>11 A I believe that's who was working there</p> <p>12 during the year that I was away.</p> <p>13 Q And you entered into an initial interim</p> <p>14 contract prior to entering a, basically, a -- I would</p> <p>15 call a full or more fulsome contract in -- that --</p> <p>16 it's been marked as Exhibit 5, I think. That's</p> <p>17 the -- Exhibit 5 is the larger contract. The one</p> <p>18 that was in effect at the time of the death of James</p> <p>19 Lynas. Correct?</p> <p>20 A The more fulsome, as you call it, --</p> <p>21 Q Yeah.</p> <p>22 A -- contract? Yeah, that would have been in</p> <p>23 effect in 2017.</p> <p>24 Q And I didn't mean to characterize it. It</p> <p>25 just seems like it governed more people, you provided</p>	<p style="text-align: right;">13</p> <p>1 least, it doesn't show that you did in the record.</p> <p>2 Would you agree with that?</p> <p>3 A Yeah. I did not see Mr. Lynas in person.</p> <p>4 Q And nor was Mr. Lynas seen, according to</p> <p>5 the record, by any mental health professional or any</p> <p>6 qualified mental health professional during those</p> <p>7 nine days?</p> <p>8 A He was not seen face-to-face. There was,</p> <p>9 from my review of the records, there was at least two</p> <p>10 instances where nursing staff consulted with our</p> <p>11 mental health professional. But I don't believe any</p> <p>12 medical provider or mental health professional saw</p> <p>13 him face-to-face during that time.</p> <p>14 Q Well, who was the -- who were the mental</p> <p>15 health professionals, by name, from November 1 to</p> <p>16 November 9 of 2017?</p> <p>17 A The one I know for certain is Michael</p> <p>18 Robertson.</p> <p>19 Q And Michael Robertson has indicated he</p> <p>20 didn't see him. Correct? He had no involvement with</p> <p>21 him.</p> <p>22 A I -- I don't know what Michael Robertson</p> <p>23 has said, personally. I just know what my review of</p> <p>24 the record.</p> <p>25 Q Okay.</p>

<p style="text-align: right;">14</p> <p>1 (Sotto voce communication between 2 plaintiff's counsel.) 3 BY MR. BENNETT: 4 Q I'm showing you what's been marked as 5 Exhibit 13. 6 A Okay. 7 Q And if you don't mind, I -- it's -- not all 8 of it is particularly important. But I'm going to 9 direct your attention to an email from Michael 10 Robertson sent Monday, December 10th, 2018. 11 A Okay. 12 Q Is that right? 13 A Yep. At 4:57. 14 Q He's responding to a call from Brian Frank. 15 Correct? 16 A If that's what the subject says, correct. 17 Q And who is Brian Frank, just for -- 18 A I believe his title is jail administrator 19 at Sherburne County Jail. 20 Q And the next page, it goes on. And James 21 Lynas, I can -- I can tell you, is patient number 22 12010. You'd agree with me, based on the record? 23 A Well, I'm going by what you're saying, 24 but... 25 Q Well, I don't want you to do that.</p>	<p style="text-align: right;">16</p> <p>1 Q Okay. But her recollection about where -- 2 if she was or she wasn't, you'd -- you'd have no 3 reason to question her, would you? 4 A No. 5 Q Okay. 6 So at least the record indicates that 7 Mr. Robertson, himself, denies having any involvement 8 with James Lynas, patient 12010? 9 A I don't want to speak for Michael 10 Robertson. But when I review the medical records, it 11 distinctly says that he has been consulted about this 12 particular patient at least on two occasions. By 13 nursing staff. 14 Q This is -- does his... 15 What records are you referring to? 16 A The medical records of Mr. Lynas. 17 Q What specific medical records? 18 A I -- I can show you, if you'd like. 19 Q Okay. 20 A I don't have his record in front of me, but 21 I certainly can show you. 22 Q All right. We have marked -- let me ask 23 you: Does the record ever mention Mr. Robertson by 24 name? 25 A I'd have to look through it to see if they</p>
<p style="text-align: right;">15</p> <p>1 Your record -- 2 A Correct. 3 Q -- indicate he's patient number -- 4 A That's his ID number. 5 Q -- 12010? 6 A Correct. 7 Q So we know we're talking about Mr. Lynas? 8 A Correct. 9 Q And what does he say there? 10 A "It was not a case I was ever involved in, 11 but relayed that the patient was placed on MHW15 due 12 to high BDI and risk factors when nursing met with 13 him about this and consulted with medical provider." 14 Q And "medical provider" was not him. 15 Correct? 16 A No. He was not the medical provider. 17 Q Medical provider was somebody who had never 18 been to the Sherburne County Jail. Correct? 19 A I don't know that fact. 20 Q Well, that's what she testified to. If 21 you -- 22 A Okay. I just don't know. 23 Q Do you remember her ever -- Crystal 24 Waagmeester -- ever being at Sherburne County Jail? 25 A I just don't know.</p>	<p style="text-align: right;">17</p> <p>1 say him by name. I -- I don't know. 2 Q Okay. Crystal Waagmeester is not a 3 qualified mental health professional. Correct? 4 A I believe she is, definitely, a qualified 5 mental health professional. 6 Q If she testified she is not, you'd disagree 7 with her? 8 A I would disagree with that statement. 9 Q Okay. Do you know what a qualified mental 10 health professional is? 11 A I do. 12 Q Okay. And what is it? 13 A It's someone, based on their training, 14 experience, and we go by the definition used at -- by 15 the NCCHC, because we feel that's best practice, 16 that -- and I don't have the definition all in front 17 of me from them. But based on my experience and work 18 with the NCCHC I think she definitely qualifies as a 19 qualified mental health professional. 20 Q And this -- if she says she does not, you 21 can't explain that? 22 A I don't know what she said or testified to. 23 I'm just telling you what I know. 24 Q That's also a matter of not only -- it's a 25 matter of state law, isn't it?</p>

<p style="text-align: right;">18</p> <p>1 A In correctional health care we go by best 2 practice. And by best practice, I go by the NCCHC. 3 Q Well, and in Minnesota, you have to follow 4 the Minnesota law? 5 A I agree. 6 MR. NOVAK: Form. 7 BY MR. BENNETT: 8 Q I mean, correct? 9 A There's laws that apply to us, laws that 10 don't apply to us. Again, I'm not an attorney, but 11 I... 12 Q But -- but you're in Minnesota. You're 13 operating in Minnesota, in Sherburne County. 14 Correct? 15 A Correct. 16 Q All right. 17 And in your contract that you signed with 18 Sherburne County, you state that Minnesota law 19 applies. Correct? 20 A I'd have to read it to tell you what it 21 exactly says. But... 22 Q Well, the governing law in the agreement is 23 Minnesota. Correct? Article 5.8? 24 A Sure. And that's what -- exactly what it 25 says on 5.8.</p>	<p style="text-align: right;">20</p> <p>1 A Yep. 2 And in my consultation with the NCCHC over 3 the years -- 4 Q No. No. Let's just talk about the 5 regulation. Okay? 6 A Well, I'm telling you my consultation with 7 them, they have agreed that prescribing -- 8 MR. NOVAK: Dr. Leonard, don't worry about 9 it. 10 THE WITNESS: Okay. 11 MR. NOVAK: If he doesn't want to hear 12 about it, he doesn't want to hear about it. 13 THE WITNESS: Right. 14 BY MR. BENNETT: 15 Q Well, this is -- I read the -- first of 16 all, I want to -- we'll get to that. Okay? 17 A Okay. 18 Q Did I read the -- did I read the 19 definitional paragraph of the NCCHC? 20 A I agree. 21 Q So you apparently claim to have had some 22 conversations with someone connected with NCCHC that 23 changes this? Is this right? Or expands it? 24 Lessens it? 25 A I don't think it changes it at all. It</p>
<p style="text-align: right;">19</p> <p>1 Q And you're required under the contract to 2 follow all applicable state and federal laws in terms 3 of the contract. Correct? 4 A I would agree. 5 Q Okay. 6 And the NCCHC defines "qualified mental 7 health professional" as psychiatrists, psychologists, 8 psychiatric social worker, psychiatric nurses and 9 others who by virtue of their education, credentials 10 and experience are permitted by law to evaluate and 11 care of mental health needs of patients. 12 That's J-E-05 of the NCCHC regulations. 13 A Yeah, I mean, I -- I'd have to read it 14 to -- but if you're reading it verbatim, then I agree 15 that's what it says. 16 MR. BENNETT: Well, we can mark it. 17 (Exhibit 28 was marked for identification.) 18 THE WITNESS: Thank you. 19 (Sotto voce communication between 20 plaintiff's counsel.) 21 BY MR. BENNETT: 22 Q Page 81. 23 A Okay. 24 Q The third paragraph down. I believe I read 25 it verbatim.</p>	<p style="text-align: right;">21</p> <p>1 just clarifies it. 2 Q What about this needs clarification? 3 A "Who by virtue of their education, 4 credentials and experience are permitted by law to 5 evaluate and care for the mental health needs of 6 patients." 7 Q What law? Minnesota law? 8 A That's -- that's what I was trying to 9 determine with them. And what I determined was 10 prescribing medical providers are allowed to evaluate 11 and treat mental health patients, and by that virtue 12 are included in this definition. 13 Q Well, she was a urologic PA, physician's 14 assistant. That was her -- that's how she came -- 15 what her resume' portrayed. Crystal Waagmeester? 16 A I wouldn't call her a urological PA I know 17 she's worked in urology. 18 Q Okay. What -- what education had she had 19 in terms of psychiatric interactions? 20 A So as we sit here today, I can't -- I can't 21 relay all of the aspects of her training before I met 22 Crystal. All I know is Crystal was a certified 23 physician's assistant, and by that virtue had 24 training in mental health care. And then as she 25 worked with us, she had attained additional training</p>

<p style="text-align: right;">22</p> <p>1 with us and additional experience. And was very 2 comfortable in evaluating and training mental health 3 patients. 4 Q Well, interesting. She used the word 5 "comfortable" about that too. Only she said she was 6 not comfortable and did not view her -- with 7 psychiatric matters, and did not view herself as a 8 qualified mental health professional. 9 So if she testified to that, you'd disagree 10 with her? 11 A If -- I would disagree with that statement. 12 Q All right. 13 In fact, your own personnel file for her 14 shows that she had one four-week rotation in a -- 15 at -- in psychiatry. Are you aware of that? 16 A I don't remember that. 17 Q Now, Sherburne County houses federal 18 detainees. Correct? 19 A Yes. They'll house U.S. marshal inmates, 20 immigration inmates, I believe BIA inmates, and 21 rarely a BOP patient. And actually, BIA patients are 22 rare as well. 23 Q So because of that, the Federal 24 Performance-Based Detention Standards, the 2011 25 version, utilized by the U.S. Marshal Services --</p>	<p style="text-align: right;">24</p> <p>1 Q Would you agree that the federal 2 standards -- in the federal standards, the facility 3 medical director is to ensure a suicide prevention 4 program -- that there is a suicide prevention program 5 in place? 6 A I'm sure the standards speak to that. I 7 just don't know exactly what they say. 8 Q And the staff of those federally -- the 9 subject of these regulations are regularly trained -- 10 supposed to be regularly trained to recognize the 11 signs and situations that indicate a potential 12 suicide risk. Would you agree with that? 13 A Do you mind repeating that? 14 Q The facility director is required, under 15 the federal standards, to see that the staff are 16 regularly trained to recognize the signs and 17 situations that indicate a potential suicide risk? 18 A I -- I agree that -- you're reading that 19 from something, and I... 20 Q It's B-6 of the suicide prevention 21 standard. 22 Would you agree -- well, let -- 23 A I'm not a jail administrator, so I don't -- 24 don't speak to these -- 25 Q I'm talking about the medical staff.</p>
<p style="text-align: right;">23</p> <p>1 you're aware of those, aren't you? 2 A I'm aware of the U.S. marshal standards, 3 correct. 4 Q And they're -- the Federal 5 Performance-Based Detention Standards are based on 6 the American Correctional Association Standards. 7 You know that? 8 A I don't recall this verbatim. 9 Q It -- but those are designed for 10 implementation of policies and procedures in 11 nonfederal facilities that house federal detainees. 12 You have to fulfill the federal standards as well. 13 Correct? 14 A I know the -- the jail has federal 15 standards. I don't know which federal standards it 16 can depend on, which version they operate under, what 17 their agreements. But I know they -- they have to 18 operate under certain federal standards. 19 Q The suicide prevention section is required. 20 Isn't it? Of the Federal Performance-Based Detention 21 Standards? 22 A I'd have to review it to -- to know 23 detailed language. 24 Q Well, do you know the regulations? 25 A I don't have them committed to memory. No.</p>	<p style="text-align: right;">25</p> <p>1 A Okay. What about the medical staff? I'm 2 sorry. 3 Q Well, the medical staff is supposed to have 4 a sufficient number of qualified mental health 5 professionals available to perform timely assessments 6 of a detainee's risk of suicide. 7 A If that's what that standard says, then 8 that's what it says. 9 Q But do you agree that's -- that's the 10 standard you're bound by? 11 A Again, I don't know what standards you're 12 referencing, and I don't know if those are the 13 standards that Sherburne County Jail has to operate 14 under specifically. 15 Q Is that something you're supposed to do to 16 provide a constitutionally required medical care? 17 A Do what? I'm sorry. 18 Q To have a sufficient number of qualified 19 mental health professionals available to perform 20 timely assessments of a detainee's risk of suicide. 21 A I agree with that statement. 22 Q Okay. 23 Do you agree that potentially suicidal 24 detainees should be monitored through direct 25 supervision at the assessed level of need?</p>

<p style="text-align: right;">26</p> <p>1 A If you don't mind, please repeat that.</p> <p>2 Q Do you agree that potentially suicidal</p> <p>3 detainees are monitored through direct supervision at</p> <p>4 the assessed level of need?</p> <p>5 A I guess, in essence, I agree with that. I</p> <p>6 think there's more to it than that, but...</p> <p>7 Q That detain -- do you agree that detainees</p> <p>8 who exhibit suicidal symptoms should receive medical</p> <p>9 and mental health care, housing and supervision?</p> <p>10 A Yes.</p> <p>11 Q Now, you agree that Michael Robertson never</p> <p>12 actually saw James Lynas?</p> <p>13 A Face-to-face, I don't believe he did.</p> <p>14 Q That's how you see somebody, face-to-face.</p> <p>15 Like you and I are looking at each other right now.</p> <p>16 That's how -- that's what I mean by "see them."</p> <p>17 A I -- I'm just telling you, I don't think he</p> <p>18 saw him face-to-face.</p> <p>19 Q Okay. And, at least, he indicates he had</p> <p>20 no involvement. That's what he -- he writes himself.</p> <p>21 A I'm not going to speak to what he wrote in</p> <p>22 an email. I -- I -- I don't know what he meant</p> <p>23 particularly by that statement.</p> <p>24 Q Well, it -- do you -- do you find this</p> <p>25 statement regarding Inmate 12012, James Lynas, quote:</p>	<p style="text-align: right;">28</p> <p>1 health professional.</p> <p>2 And then on the mental health referral,</p> <p>3 Mr. Robertson signed off on that he reviewed it and</p> <p>4 he's scheduling the patient for, I believe, 11/16.</p> <p>5 Q Some -- some seven days after he hung</p> <p>6 himself, and four days after he died.</p> <p>7 A What -- I'm sorry. I don't know the</p> <p>8 question.</p> <p>9 Q So there's a mark on the file. It's --</p> <p>10 it's undated, isn't it?</p> <p>11 A I believe this was on --</p> <p>12 Q Exhibit 4 -- we're referring to Exhibit 14.</p> <p>13 A Yeah.</p> <p>14 I believe this was on Monday, at --</p> <p>15 November 6. The referral is put into him in the</p> <p>16 evening of November 5th, that he review this</p> <p>17 referral, and that he's scheduling --</p> <p>18 Q He didn't say that, did he?</p> <p>19 MR. NOVAK: Hang on, Counsel. Let him</p> <p>20 finish his answer.</p> <p>21 BY MR. BENNETT:</p> <p>22 Q Well, what is the -- read the note.</p> <p>23 MR. NOVAK: Hang on. Counsel, he's</p> <p>24 finishing his answer.</p> <p>25 MR. BENNETT: All right. Go ahead.</p>
<p style="text-align: right;">27</p> <p>1 It was not a case I was ever involved in, end quote.</p> <p>2 Do you find that ambiguous or un -- is that</p> <p>3 hard to understand?</p> <p>4 A I guess here's how I find it. I find it</p> <p>5 that he had a phone call a month later, may or may</p> <p>6 not remember the case well off the top of his head.</p> <p>7 Made a comment, an email back to somebody. And I</p> <p>8 agree that he didn't see this patient face-to-face,</p> <p>9 but I absolutely believe he was consulted at least</p> <p>10 twice by nursing staff on this case.</p> <p>11 Q There's no record of any -- anything he</p> <p>12 said or did in the medical record. Is there?</p> <p>13 A Yes. There is, actually.</p> <p>14 Q What is it? What's the -- what's the --</p> <p>15 A I can show you, if you'd like.</p> <p>16 Q Okay. Show me.</p> <p>17 A I don't have the medical records. Sorry.</p> <p>18 Q Well, are you able to -- to tell me where</p> <p>19 in the medical records you think it shows that he</p> <p>20 was? What -- what documents?</p> <p>21 A Yes. There should be a -- I mean, I -- I'd</p> <p>22 like to look through the whole thing. But there's at</p> <p>23 least two instances where -- one is where Mr. Lynas</p> <p>24 receives his health assessment from Nurse Thompson,</p> <p>25 and she documents that she consulted with the mental</p>	<p style="text-align: right;">29</p> <p>1 A So he reviews the referral, like he always</p> <p>2 does. And he makes a determination that he's</p> <p>3 scheduling to see this patient with him on 11/16.</p> <p>4 And that's his, Michael Robertson.</p> <p>5 BY MR. BENNETT:</p> <p>6 Q All right. You don't know when he wrote</p> <p>7 that on there. Correct?</p> <p>8 A I believe he wrote that on Monday,</p> <p>9 November 6.</p> <p>10 Q It's not dated, is it?</p> <p>11 A Nope.</p> <p>12 Q And have you had any conversations with him</p> <p>13 about that?</p> <p>14 A I have not.</p> <p>15 Q So you have no foundation to say that he</p> <p>16 reviewed it on any particular day. Do you?</p> <p>17 A I have a foundation of typical operating</p> <p>18 procedure, his pattern, my opinion of his expertise</p> <p>19 and prompt -- prompt -- whatever the word is.</p> <p>20 Timeliness. It would be very typical for him to get</p> <p>21 this referral from the night before and review it the</p> <p>22 next day.</p> <p>23 Q And you have no idea if that occurred on</p> <p>24 this particular -- at this particular time or not.</p> <p>25 Do you?</p>

<p style="text-align: right;">30</p> <p>1 A I have a good idea. I just can't tell you</p> <p>2 that that's dated. But I have every indication from</p> <p>3 my experience with Michael Robertson that he reviewed</p> <p>4 this on November 6th.</p> <p>5 Q All right.</p> <p>6 Well, then he scheduled it for ten days</p> <p>7 later?</p> <p>8 A Correct.</p> <p>9 Q The guy had a -- Mr. Lynas had a BDI score</p> <p>10 of 43. Correct?</p> <p>11 A Correct.</p> <p>12 Q That indicates severe depression. Correct?</p> <p>13 A Correct.</p> <p>14 Q That's a serious medical need. Correct?</p> <p>15 A That's a serious medical matter.</p> <p>16 Q And were you aware that the medical</p> <p>17 provider who was consulted expected that he would be</p> <p>18 seen within 24 or 48 hours? In other words, before</p> <p>19 he hung himself.</p> <p>20 A From -- from my review of the medical</p> <p>21 records, I -- I believe that Crystal Waagmeester</p> <p>22 referred this patient to Michael Robertson; that he</p> <p>23 would review this case promptly, as soon as possible.</p> <p>24 Q No. She had the expectation he would be</p> <p>25 seen within 29 to -- 24 to 48 hours.</p>	<p style="text-align: right;">32</p> <p>1 A Yeah. He's scheduling the patient to see</p> <p>2 him on 11/16/17.</p> <p>3 Q Typically, you like to see your patients</p> <p>4 before they hang themselves? If they're a suicide</p> <p>5 risk?</p> <p>6 A We don't want anybody hanging themselves,</p> <p>7 sir.</p> <p>8 Q Typically, you -- you do it before they</p> <p>9 die?</p> <p>10 A Typically we want to follow all of our</p> <p>11 processes and procedures and make our best clinical</p> <p>12 judgments when we should see patients.</p> <p>13 Q Uh-huh. Okay.</p> <p>14 Severe depression is a serious medical</p> <p>15 need?</p> <p>16 A I agree.</p> <p>17 Q Not coping with your mental health</p> <p>18 situation is a serious medical need?</p> <p>19 A I agree.</p> <p>20 Q Not sleeping because of anxiety is a</p> <p>21 serious medical need?</p> <p>22 A Yes. I -- I agree if you're not sleeping,</p> <p>23 it's a --</p> <p>24 Q Do you know how much Mr. Lynas slept</p> <p>25 between November 1 and November 9th, when he hung</p>
<p style="text-align: right;">31</p> <p>1 A I don't know that.</p> <p>2 Q Well, if he's so timely, wouldn't that be</p> <p>3 the case?</p> <p>4 A "Timeliness" is him reviewing this the next</p> <p>5 day and making a clinical decision based on his</p> <p>6 expertise and --</p> <p>7 Q Well, again, we don't know that he -- when</p> <p>8 he reviewed it. We'll have to ask Mr. Robertson if</p> <p>9 he remembers. Right? Because he didn't put the date</p> <p>10 on there.</p> <p>11 A Yeah. I'm just telling you, I expect that</p> <p>12 he reviewed this on November 6th.</p> <p>13 Q Okay. But you haven't talked to him, so</p> <p>14 you --</p> <p>15 A I have not spoken to Mr. Robertson about</p> <p>16 this.</p> <p>17 Q You didn't drop a dime on him and call him</p> <p>18 on the phone and say, you know: Mike, did you see</p> <p>19 this piece of paper on November 6th?</p> <p>20 A I have not spoken to Mr. Robertson about</p> <p>21 this.</p> <p>22 Q Okay. So there's no -- you don't know of</p> <p>23 your own personal knowledge when he did it. And the</p> <p>24 only date that he put on there is a -- is 11/16/17.</p> <p>25 Correct?</p>	<p style="text-align: right;">33</p> <p>1 himself?</p> <p>2 A I don't know the answer to that.</p> <p>3 Q You reviewed the medical records. Didn't</p> <p>4 it consistently indicate that he was not sleeping</p> <p>5 well and he had insomnia?</p> <p>6 A I know in the medical records it references</p> <p>7 him stating that.</p> <p>8 Q Okay.</p> <p>9 A I don't know if that's fact.</p> <p>10 Q The reason Crystal Waagmeester was called</p> <p>11 was because of the BDI score that indicated severe</p> <p>12 depression. Correct?</p> <p>13 A She was consulted by Nurse Pfeifer because</p> <p>14 she -- I -- I believe she received a BDI back; it had</p> <p>15 a score of 43. And by process, she is supposed to</p> <p>16 consult with medical provider, mental health</p> <p>17 professional.</p> <p>18 Q And you think Alyssa Pfeifer and Nurse</p> <p>19 Thompson are qualified to make accurate and effective</p> <p>20 suicide risk assessments?</p> <p>21 A I think they're very well trained and</p> <p>22 experienced to follow our processes and protocols.</p> <p>23 Q Well, that's not what I asked you.</p> <p>24 I mean, I don't --</p> <p>25 A That's -- that's my best answer I can give</p>

<p style="text-align: right;">34</p> <p>1 you.</p> <p>2 Q Well --</p> <p>3 A Is that's what they're asked to do.</p> <p>4 Q I'm asking you specifically about suicide</p> <p>5 risk assessments.</p> <p>6 And do you believe they are -- do you</p> <p>7 believe Alyssa Pfeifer is qualified to do a competent</p> <p>8 and accurate suicide risk screening of an individual</p> <p>9 patient?</p> <p>10 A I think she's able to use exactly the tools</p> <p>11 we give her to and follow the process, which she did.</p> <p>12 Q That's not really what I asked.</p> <p>13 I mean, is she able to accurately determine</p> <p>14 suicide risk?</p> <p>15 A In conjunction with her team, absolutely.</p> <p>16 That's why she has the process she has in place.</p> <p>17 Q Now, how many -- how many suicides has MEnD</p> <p>18 been the medical provider for?</p> <p>19 MR. NOVAK: Form.</p> <p>20 A That's a broad question.</p> <p>21 BY MR. BENNETT:</p> <p>22 Q The person who committed suicide.</p> <p>23 A Broad question. I mean, what are you --</p> <p>24 Q Well, I --</p> <p>25 A -- referring to?</p>	<p style="text-align: right;">36</p> <p>1 Q Do you remember a suicide that he sued you</p> <p>2 about in Stearns County?</p> <p>3 A I don't believe I've ever been sued by that</p> <p>4 law firm for a suicide in Stearns County. I don't</p> <p>5 recall that at all.</p> <p>6 Q In any other county?</p> <p>7 A What do you -- what's the question? I'm</p> <p>8 sorry.</p> <p>9 Q How many times have you been sued by Robins</p> <p>10 Kaplan in -- for suicides occurring in Minnesota?</p> <p>11 A To the best of my knowledge, never.</p> <p>12 Q Okay. How many times have we sued you?</p> <p>13 A This is the second, I believe.</p> <p>14 Q Okay. The -- in the prior one -- do you</p> <p>15 remember we took your deposition on the Kyle</p> <p>16 Baxter-Jensen case?</p> <p>17 A I remember that.</p> <p>18 Q Now, that was the person who slit his</p> <p>19 throat once, and then after that they did a bunch of</p> <p>20 suicide risk assessments on him. Right?</p> <p>21 A They did some suicide risk assessments. I</p> <p>22 don't recall the number.</p> <p>23 Q And he was sitting in front of the assessor</p> <p>24 with bandages from cutting his throat from ear to</p> <p>25 ear, and staples all across his neck. And they gave</p>
<p style="text-align: right;">35</p> <p>1 Q How many deaths of inmates that MEnD took</p> <p>2 care of and supposedly provided adequate mental</p> <p>3 health care to committed suicide? Simple question.</p> <p>4 MR. NOVAK: Form. Argumentative.</p> <p>5 A I -- I still need some more particulars,</p> <p>6 what you're asking. Ever? At Sherburne County?</p> <p>7 BY MR. BENNETT:</p> <p>8 Q Well, I -- let's start with Minnesota.</p> <p>9 A Okay.</p> <p>10 Q Ever in Minnesota.</p> <p>11 A Since our inception?</p> <p>12 Q Yeah.</p> <p>13 A I don't -- I don't have the number</p> <p>14 memorized verbatim. It's not many.</p> <p>15 Q How many times have you been sued for</p> <p>16 not -- involving care rendered during suicides? You</p> <p>17 and MEnD.</p> <p>18 A Three times. That I'm aware of.</p> <p>19 Q Well, how many times has Brandon Vaughn</p> <p>20 sued you?</p> <p>21 A Who?</p> <p>22 Q Brandon Vaughn at Robins Kaplan.</p> <p>23 A I don't recognize the name. I'm sorry.</p> <p>24 Q How --</p> <p>25 A I -- I don't recognize the name.</p>	<p style="text-align: right;">37</p> <p>1 him suicide risk assessments that are approximately</p> <p>2 the -- the numbers that were obtained in the Lynas</p> <p>3 case. Isn't that right?</p> <p>4 A Again, I -- I can't speak to details of</p> <p>5 that case now, but...</p> <p>6 Q Well --</p> <p>7 A I know they did some suicide risk scoring</p> <p>8 assessments with that patient on that case. I do</p> <p>9 recall that.</p> <p>10 Q And none of them indicated that he was at</p> <p>11 risk.</p> <p>12 A I don't -- I don't believe that's what that</p> <p>13 tool says.</p> <p>14 Q Okay. What do you think -- what does the</p> <p>15 tool do?</p> <p>16 A It gives us a -- another piece of our</p> <p>17 assessment of a patient. It gives us another angle</p> <p>18 at viewing their level of risk. It just provides</p> <p>19 another tool that we use.</p> <p>20 Q So are you telling me -- let me understand</p> <p>21 this.</p> <p>22 You're telling me that the suicide risk</p> <p>23 screening that you do is not supposed to alert you</p> <p>24 for the actual risk of suicide. There's no judgment</p> <p>25 to it at all?</p>

<p style="text-align: right;">38</p> <p>1 A There's no patient that has zero risk. So 2 what I look at that tool as, it can give us -- it can 3 give us some background, some more information. It 4 can alert to -- us to if we can see obvious high risk 5 of a patient. It gives us a lot of information, and 6 it's a piece of the a number of things that we use in 7 assessing these patients and treating them. 8 Q Suicidal ideation is a serious medical need 9 too. Isn't it? 10 A It can be. Suicidal ideation alone may or 11 may not be a serious issue. It just depends on the 12 patient situation. 13 Q Opioid withdrawal is a serious medical 14 need. Isn't it? 15 A It can be. It depends on, again, on the 16 case and situation. 17 Q Same is true with withdrawal from 18 methamphetamine? 19 A Withdrawal from methamphetamine tends to be 20 less of a medical issue. But just depends on the 21 situation. 22 Q If it's -- if -- and -- and how about 23 withdrawal from benzodiazepine. Is that a serious 24 medical need? 25 A Again, it depends on the situation. It can</p>	<p style="text-align: right;">40</p> <p>1 available to them. 2 Q So you're not talking about -- I just -- I 3 want to understand. You're not talking about review 4 all the paper record and review the eMD record? 5 A She can review whatever she would like with 6 the nurse on-site. 7 Q If she cares to? 8 A Whatever she feels necessary at that time. 9 Q But, again, let's focus on the question. 10 A Okay. 11 Q I'm talking about, did she have the 12 capability in Brainerd to access and visualize his 13 medical record like you have looked at his medical 14 record before you came here today? 15 A I would need more particular what you mean 16 by that question. 17 Q Well, like -- 18 A Like she -- I don't know if she reviewed 19 his medical records for her deposition. 20 Q I'm not asking you that. I'm asking: Do 21 you know a way she had access to it, where she could 22 review it if she wanted to? 23 A When are you talking about? I'm sorry. 24 Q November 6th, when she was called. 25 A Or November 5th.</p>
<p style="text-align: right;">39</p> <p>1 be. Sometimes it's not. 2 Q How about if you're on all three and 3 you're -- and you're suffering withdrawal? You're on 4 opioids, you're on -- like heroin -- you're on 5 methamphetamine, and you're on benzodiazepine? 6 A Again, it depends on the particular 7 clinical situation. 8 Q Does MEnD have Skype capabilities? 9 A We have Secure Telehealth. It's a secured 10 version of telemedicine capability. 11 Q That was not utilized in Mr. Lynas's case. 12 Was it? 13 A I don't believe so. 14 Q In fact, Crystal Waagmeester testified she 15 couldn't even look at his medical record and didn't 16 have that available to her in Brainerd, where she 17 lived and received the call. 18 A I believe she was able to work with the 19 nurse that's on-site to review anything she needed 20 from the medical chart. 21 Q How would she review it if she -- how -- 22 she testified she couldn't review it. How is it that 23 she would review it? 24 A Just ask questions of the nursing staff. 25 Get information through them, that's readily</p>	<p style="text-align: right;">41</p> <p>1 Q November 5th when she was called. 2 A I don't know if she would have had access 3 to look at it through her eyes. She would -- 4 Q That's -- 5 A Yeah. She would have to review it with our 6 medical staff on-site. 7 Q So her intel is only as good as what the 8 nurse gives her, then. That would be true? 9 A It depends on what she asks and what she 10 feels is necessary. 11 Q Now -- 12 A She has access to anybody at the facility. 13 Q The records indicate that MEnD was -- been 14 sued nine times in Minnesota. Any of those not 15 relate to suicide? 16 A Most are not related to suicide. 17 Q Okay. 18 You're aware of the system called Epic? 19 A Yes. 20 You're talking about that electronic 21 medical record? 22 Q Yes. 23 A Yes. I'm aware of it. 24 Q Do you use Epic? 25 A We do not.</p>

<p style="text-align: right;">42</p> <p>1 Q So if you have a system like Epic -- I</p> <p>2 mean, there's a lot -- there's different systems that</p> <p>3 are used. Right?</p> <p>4 A There's a variety of electronic medical</p> <p>5 records.</p> <p>6 Q Yeah. If you have a system like Epic, one</p> <p>7 doctor, who's not in the same physical location as</p> <p>8 the patient, can look at the patient's entire medical</p> <p>9 record. Isn't that right?</p> <p>10 A That's one of the things you can use Epic</p> <p>11 for, sure.</p> <p>12 Q Do you have any policy that indicates if</p> <p>13 they -- if there's a suspect -- if people suspect a</p> <p>14 potential for suicide, where you can have the calls</p> <p>15 of that inmate monitored on a realtime basis?</p> <p>16 A Can you repeat that? I'm --</p> <p>17 Q Well, can -- you know the jail has --</p> <p>18 records calls for -- for of all the inmates?</p> <p>19 A I'm aware of that. I -- I wouldn't -- I</p> <p>20 wouldn't know if they record all calls, but I know</p> <p>21 they record many calls.</p> <p>22 Q Well, there's certain --</p> <p>23 How about all nonlegal calls with an</p> <p>24 attorney?</p> <p>25 A I -- I can't tell you that with certainty.</p>	<p style="text-align: right;">44</p> <p>1 Q Period?</p> <p>2 A Period.</p> <p>3 Q So there's no -- there's no -- there's</p> <p>4 memorialization of anything the mental health</p> <p>5 provider said about it?</p> <p>6 A I don't know what the mental health</p> <p>7 provider said to her during this review.</p> <p>8 Q She didn't write anything down about it?</p> <p>9 A No. What -- what I see here is that if</p> <p>10 there was going to be a change, she would have</p> <p>11 documented that there should be a change. The fact</p> <p>12 that she didn't document any changes, there's nothing</p> <p>13 to be changed with this gentleman.</p> <p>14 Q Well, it doesn't record any response. It</p> <p>15 doesn't say the mental health provider says to do</p> <p>16 nothing, says that status quo is fine. There's</p> <p>17 nothing that says that. Is there?</p> <p>18 A No. I just know that because she didn't</p> <p>19 document any changes, that I don't believe the mental</p> <p>20 health professional wanted any changes.</p> <p>21 Q And, of course, the mental health</p> <p>22 professional was Mr. Robertson, who said he had no</p> <p>23 involvement in the case?</p> <p>24 A It's -- it's Michael Robertson that she</p> <p>25 would have reviewed this with on that day.</p>
<p style="text-align: right;">43</p> <p>1 Q Okay.</p> <p>2 A I -- I just -- all I know is they -- they</p> <p>3 can record many phone calls.</p> <p>4 Q Okay.</p> <p>5 So that at -- you've shown us Exhibit 14.</p> <p>6 You claim there's another one that shows that</p> <p>7 Mr. Robertson was consulted by somebody about Patient</p> <p>8 12010, Mr. Lynas?</p> <p>9 A Yeah. There's an entry into the eMDs</p> <p>10 system from Jennifer Thompson documenting the fact</p> <p>11 that she performed a health assessment. And in that</p> <p>12 documentation.</p> <p>13 Q Is it in Exhibit 26? I believe that's the</p> <p>14 eMD record.</p> <p>15 A Yeah. "Reviewed health assessment with</p> <p>16 mental health provider." On November 3rd, by Jennie</p> <p>17 Thompson, when she performed his health assessment</p> <p>18 and chemical withdrawal assessment.</p> <p>19 Q There's no indication that the medical --</p> <p>20 there was any response whatsoever from the medical</p> <p>21 provider on the record. Correct?</p> <p>22 A Oh, I'm sorry. I -- I didn't follow that.</p> <p>23 Q Well, it says -- it says what? Read it.</p> <p>24 A "Reviewed health assessment with mental</p> <p>25 health provider."</p>	<p style="text-align: right;">45</p> <p>1 Q Okay.</p> <p>2 A That's my understanding. So...</p> <p>3 Q She didn't say "Mr. Robertson," did she?</p> <p>4 A In this note?</p> <p>5 Q Yeah.</p> <p>6 A She didn't say him by name.</p> <p>7 Q And she doesn't record any response that</p> <p>8 anybody's said about the review?</p> <p>9 A Again, I -- I can only answer to what I've</p> <p>10 told you. That by her not documenting any changes</p> <p>11 that are to be done, that tells me that she reviewed</p> <p>12 this with the mental health provider and no changes</p> <p>13 were to be made.</p> <p>14 Q And there's no note from Mr. Robertson, who</p> <p>15 you say is timely and competent and effective and all</p> <p>16 that stuff. But he doesn't ever say he made any</p> <p>17 decision about it whatsoever; even to leave it alone?</p> <p>18 A There's not a note directly from him.</p> <p>19 Q There's not a note in the entire record</p> <p>20 from Mr. Robertson. Is there?</p> <p>21 A Yes, there is. I've shown you that before,</p> <p>22 today.</p> <p>23 Q Oh. The one that said he was supposed to</p> <p>24 be seen on the 16th?</p> <p>25 A Correct.</p>

<p style="text-align: right;">46</p> <p>1 Q Was Robertson a MEnD employee in November 2 of 2017? 3 A Yes. 4 Q And he's not anymore. Right? 5 A No. 6 Q Where did go? 7 A I believe he opened his own practice. I'm 8 fairly certain of it. 9 Q Do you know what the therapeutic dose of 10 hydroxyzine is? 11 A Therapy dose would depend on your use of 12 it, what you're trying to achieve. 13 Q Do you know what the therapeutic dose of 14 hydroxyzine is? 15 A Again, that's my answer, is it depends on 16 what you're trying to achieve with the medication 17 and -- and how you're using it, and what patient. 18 Q Well -- 19 A In my opinion, there's no one set dose. 20 Q Okay. 21 I'm showing you Exhibit 12. He was -- 22 Mr. Lynas was prescribed hydroxyzine, oral route. 23 Correct? 24 A Correct. 25 Q And I'm showing you the Mayo</p>	<p style="text-align: right;">48</p> <p>1 A I see that. 2 Q Disagree with that at all? 3 A To an extent, yes. 4 Q Okay. 5 A Again, it's used -- in my experience, I've 6 seen many patients in correctional health care where 7 it's used anywhere from once a day, twice a day, four 8 times a day, 50 milligrams, 100 milligrams. And it's 9 used effectively in all ways and forms. 10 Q It -- exhibit indicates that he was 11 prescribed one tablet orally twice daily, in the 12 morning and at bedtime, for a period of ten days. 13 Correct? 14 (Witness reads the document in a sotto voce 15 manner.) 16 A Yeah. Correct. 17 BY MR. BENNETT: 18 Q And it's written in your prescribing 19 authority, pursuant to Crystal Waagmeester? 20 A Yeah. I don't know why they put my name on 21 the prescription. I can't speak to that. But it 22 was -- my review of the records, it was ordered by 23 Crystal Waagmeester in this way. 24 Q Yeah. And, at least, that differs by half 25 from the dose that apparently the Mayo Clinic seems</p>
<p style="text-align: right;">47</p> <p>1 Clinic's -- you see that? 2 A Sure. Sure. 3 Q And they say, like you just said, that the 4 dose of the medicine will be different for different 5 patients. That's -- that's what you said. Correct? 6 A Yeah. You -- you can use it in a variety 7 of ways. 8 Q Okay. They were using it to control 9 anxiety and tension. Correct? 10 A Again, I'm not going to speak for 11 Ms. Waagmeester. 12 Q That's what the record reflects. Correct? 13 A But my review of the record says that they 14 were using it for anxiolytic properties. 15 Q And that's anxiety and tension? 16 A Yeah. Tension, I -- you know, I don't know 17 how to speak to that. But certainly they were using 18 it to -- to help anxiety. 19 Q And -- 20 A A stopgap measure. 21 Q -- the Mayo Clinic says the -- for oral -- 22 for oral dosage form, capsules, which is -- or -- 23 or -- or suspension, to help control anxiety, adults 24 are 50 to 100 milligrams, four times a day. Do you 25 see that?</p>	<p style="text-align: right;">49</p> <p>1 appropriate? 2 A I -- I'm just telling you -- 3 Q For adults to control anxiety and tension. 4 A You're citing one source's recommendations. 5 I've seen people use medication extensively for years 6 and years in all different ways effectively for all 7 different kinds of patients. 8 Q Well, it shows that he -- how many pills 9 did he actually take? 10 A Out of this blister pack? It looks like he 11 took three of them. 12 Q There's -- there's no other -- the medical 13 record doesn't contain any other record of any other 14 hydroxyzine, does it? 15 A I -- I can't answer to that. All I can 16 tell you is the picture of this blister pack show 17 there's three missing. I'd have to review his MAR to 18 tell you how many he took in total. 19 Q Well, we got that. 20 A Okay. 21 Q Oddly enough, it matches the blister pack. 22 Shows that he took three? 23 A Correct. 24 Q Okay. 25 And how many should he have taken, assuming</p>

<p style="text-align: right;">50</p> <p>1 the prescription was prescribed on the 6th, I think, 2 it actually went in, until the time he hung himself 3 on the 9th? Even according to this prescription. 4 A It's however many that he feels that he 5 needs to take. It's an as-needed medication. It's 6 not scheduled. So it's however he feels that he 7 wants to use it. If he feel like he needs it, it's 8 available to him. 9 Q How do we know that? 10 A Because it says, "as needed." 11 Q Okay. What does it say on the prescription 12 itself? 13 A "As needed." 14 Q Yeah. And it says once in the morning, 15 once -- 16 Do you think he was having less anxiety in 17 the days leading up to his hanging himself? 18 A I don't know. 19 Q Because nobody saw him? 20 A I can't speak to that. 21 Q When does the record show he was last seen 22 by anybody at MEnD? 23 A I'd have to review the record. 24 Q You did already. 25 A Yeah. I -- I'd have to review it right now</p>	<p style="text-align: right;">52</p> <p>1 saying, "My sister to drop my glasses off." 2 Q Okay. 3 A And then Jen Thompson, our nurse, responded 4 to Mr. Lynas, "Please have your sister drop off your 5 glasses." 6 Q Okay. But it doesn't show that he's seen 7 on the 8th? 8 A I don't believe he's seen on the 8th 9 face-to-face, no. 10 Q Or the 7th. Right? 11 A I'd have to look. 12 Q And other than -- 13 A There's a lot of things in here other than 14 the medical chart, so... 15 Q Do you -- do you have it with you? 16 A The what? 17 Q His medical chart. Did you bring it 18 yourself? 19 A I don't have it personally. I don't know 20 if you have a copy with you. I -- I did not bring a 21 copy with me. Sorry. 22 Q Do you recall him being seen after the 6th? 23 Other than the posthanging code blue? 24 A I'm just looking to make sure, sir. 25 Q Okay.</p>
<p style="text-align: right;">51</p> <p>1 in front of you. 2 Q I don't think it's after the 7th. I don't 3 think it's after the 6th. Is it? 4 A Wait. Is this it? 5 Q Well, that's -- 6 A Is this the total of -- 7 Q That's the -- the -- 8 A Because I don't think this is everything. 9 Q Well -- 10 A Medical record. 11 Q The other exhibit -- we don't have any 12 record of him being seen after the 6th. And we 13 have -- 14 A I just don't want to misspeak. That's all. 15 Q Oh. Other than the code blue on the 9th. 16 I mean prehanging visits. 17 A Well, I don't believe this is the full 18 medical record here. But -- 19 Q Take a look at all the other exhibits. 20 A That's fine. 21 He's corresponded with on November 8th. 22 Not seen face-to-face. 23 Q What's the correspondence say, shown in 24 that? 25 A He wrote a sick call note to the clinic</p>	<p style="text-align: right;">53</p> <p>1 (Sotto voce communication between 2 plaintiff's counsel.) 3 A I don't believe he was seen face-to-face 4 after that. 5 BY MR. BENNETT: 6 Q And he had no ability to see him other than 7 face-to-face? There's no way to visualize him? In 8 other words, you didn't have a TV screen they could 9 look at and see him? 10 A From our medical staff, you mean? 11 Q Yeah. 12 A They would just see him face-to-face if 13 they were going to see him. 14 Q All right. 15 A Yeah. 16 Q Okay. 17 So other than those three hydroxyzine 18 tablets and some Maalox, was he treated by MEnD 19 personnel at all? 20 A With medication, or -- 21 Q In any way. Counseled... 22 A Well, all -- all of the visits that he had 23 with our staff, all involved interaction, assessment, 24 observation, discussion, some therapeutic guidance 25 with him.</p>

<p style="text-align: right;">54</p> <p>1 Q Where does it indicate that it's 2 therapeutic guidance? 3 A It -- it's what our nursing staff always 4 do. 5 Medication uses what's on the MAR. 6 Q There's no record of any visit with any -- 7 with any mental health specialist? 8 A Face-to-face, no. 9 Q Any other way? 10 A Again, I'd just repeat what I've said 11 earlier. That our mental health professional was 12 consulted regarding this case at least two times, by 13 my review of the records. 14 Q But the mental health -- you'd agree with 15 me the mental health specialist never spoke or saw 16 Mr. Lynas? Spoke to -- 17 A Directly with him, no. 18 Q Okay. 19 There was a previous suicide in Sherburne 20 County not too far away from this. Correct? 21 A I don't know the exact date. But it was 22 around that time. 23 Q Yeah. 24 Did you do anything to -- and it -- was 25 that by hanging?</p>	<p style="text-align: right;">56</p> <p>1 though. Were you -- would you be surprised -- 2 A I can't speak to her deposition. 3 Q -- that she expected that he'd be seen by 4 the mental health specialist that next day? 5 A I'm just telling you, standard operating 6 procedure and what I would expect in this case is 7 exactly what I told you. That if I make a prompt 8 referral to a mental health professional, that that 9 mental health professional has to decide on their own 10 clinic decision making how they're going to proceed 11 with that case. 12 Q What does a score of 43 on the Beck 13 Depression Inventory mean to you? 14 A It means that it's above a threshold where 15 I want our nursing staff to consult with a medical 16 provider or mental health professional on where that 17 case should go at that time. 18 Q Well, the Beck Depression Inventory has 19 been around since 1996. Correct? 20 A I don't know exactly when it came into 21 being. But I know it's been around for a long time. 22 Q About as long as you. 23 A Well, I'm a bit older than that. 24 Q As a doctor. 25 A Oh, as a physician. Correct. Yes. Yes.</p>
<p style="text-align: right;">55</p> <p>1 A I don't recall the method offhand. I'm 2 sorry. 3 Q Well, those are -- are those big events, 4 where you get people together and go over best 5 practices and that sort of thing? 6 A I review the cases for, you know, medical 7 care and the merits of that care soon after an event 8 like that, yes. I just don't want to misspeak. 9 Q Did you talk to Crystal Waagmeester about 10 this? 11 A I don't recall if I ever spoke to her 12 directly after or not. 13 Q Do you recall -- 14 A My review -- my review of her decision 15 making on this case I thought was good and competent. 16 So I wouldn't have had issue with what she did. 17 Q And you -- did you understand that her 18 expectation was that he would be seen by a mental 19 health professional the next day? 20 A My understanding of her expectation is that 21 this would be a prompt referral to the mental health 22 professional, and it is their clinical decision 23 making of how they're going to proceed with this 24 case. That's my understanding of it. 25 Q That's not what she said in her deposition,</p>	<p style="text-align: right;">57</p> <p>1 Q Okay. So they've been using it, basically, 2 your whole career? 3 A To some extent, yes. I've used it in 4 varying capacities. 5 Q And tests like that, psychometric tests, 6 have sensitivity and specificity ratings. Correct? 7 A Correct. 8 Q Do you know what the Beck Depression 9 Inventory-II's sensitivity rating and specificity 10 rating -- 11 A I don't have it committed to memory. 12 Q Showing you Exhibit 10. Would that -- does 13 that appear to indicate that it's sensitivity rating 14 is 81 percent and specificity is 92 percent? 15 A That's what this says. I can't speak to if 16 that's accurate or not, but... 17 Q What does it say on -- and that's clearly 18 referring to the Beck Depression Inventory? 19 A Uh-huh. 20 Q Is that right? 21 A Yeah. Beck Depression Inventory-II. 22 Correct. 23 Q Now -- then, how to score the BDI. It 24 says -- this is a scale you have in your clinic. 25 Isn't it?</p>

<p style="text-align: right;">58</p> <p>1 A We use a modified version of this scale.</p> <p>2 Q Well, you --</p> <p>3 A That helps our nurses.</p> <p>4 Q That -- the scores from 29 to 63 indicate</p> <p>5 severe depression?</p> <p>6 A Oh, I agree. I agree with that.</p> <p>7 Q Okay.</p> <p>8 And hydroxyzine is not an antidepressant.</p> <p>9 Is it?</p> <p>10 A Correct.</p> <p>11 Q He received no antidepressant?</p> <p>12 A During that time frame? No.</p> <p>13 Q And as far as -- there wasn't anything done</p> <p>14 to treat his depression in any way from November 1 to</p> <p>15 November 9. Correct?</p> <p>16 A No. I think they were following all</p> <p>17 processes that we use. That we're initiating his</p> <p>18 care, getting the referral made. It's a process that</p> <p>19 we go through. And whether he would have been on an</p> <p>20 antidepressant when that would have happened, that</p> <p>21 all goes through with our process in working with our</p> <p>22 mental health professional and...</p> <p>23 Q I'm just asking you if he got any care and</p> <p>24 treatment for his depression. Did he get any</p> <p>25 counseling for his anti -- for his depression? Did</p>	<p style="text-align: right;">60</p> <p>1 A Yeah. He's psychologist. Doctor of --</p> <p>2 Q He's a -- Dr. Robertson.</p> <p>3 A Dr. Robertson. Correct.</p> <p>4 Q I want to correct -- be the right...</p> <p>5 He didn't receive any psychotherapy from</p> <p>6 him. Correct?</p> <p>7 A Not during this time frame, no.</p> <p>8 Q And he didn't have any DSM-5 multiaxial</p> <p>9 diagnose -- diagnosis or assessment. Correct?</p> <p>10 A Not yet.</p> <p>11 Q It's harder to do after they kill</p> <p>12 themselves. Isn't it?</p> <p>13 MR. NOVAK: Form. Argumentative.</p> <p>14 MR. BENNETT: Strike it. That's fine. I</p> <p>15 don't need an answer.</p> <p>16 MR. NOVAK: Just for fun. Right, Bob?</p> <p>17 MR. BENNETT: Yep.</p> <p>18 MR. NOVAK: Great.</p> <p>19 Go on.</p> <p>20 BY MR. BENNETT:</p> <p>21 Q Well, I mean, it doesn't do any good to --</p> <p>22 to not provide care to somebody. That's sort of the</p> <p>23 essence of deliberate indifference. Do you</p> <p>24 understand that?</p> <p>25 MR. NOVAK: Form. It's --</p>
<p style="text-align: right;">59</p> <p>1 he get any -- any psychotropic drugs for his</p> <p>2 depression?</p> <p>3 A He got no antidepressant medication during</p> <p>4 this time. But what I'm telling you is, he's having</p> <p>5 these visits with our nursing staff. They're</p> <p>6 consulting with our mental health professional. He's</p> <p>7 making clinic decisions on when it's best for him to</p> <p>8 see that patient. And then based on that, that's</p> <p>9 when we would decide on a full treatment plan for</p> <p>10 this patient.</p> <p>11 Q All right. And my question is simply:</p> <p>12 Between November 1, when he got to the institution,</p> <p>13 and November 9th, when he hung himself, did he</p> <p>14 receive any care and treatment for the severe</p> <p>15 depression?</p> <p>16 MR. NOVAK: Asked and answered.</p> <p>17 A He did not receive any antidepressant</p> <p>18 medication during that time.</p> <p>19 BY MR. BENNETT:</p> <p>20 Q Did he receive any psychotherapy from any</p> <p>21 psych -- licensed psychologist?</p> <p>22 A No formal psychotherapy.</p> <p>23 Q All right.</p> <p>24 Mr. -- or I guess it is Dr. Is it -- is he</p> <p>25 a PsyD?</p>	<p style="text-align: right;">61</p> <p>1 BY MR. BENNETT:</p> <p>2 Q You know --</p> <p>3 A What's the question? I'm sorry.</p> <p>4 Q -- the standard -- the legal standard</p> <p>5 you're -- that you're being held to here is whether</p> <p>6 there was deliberate indifference to a serious</p> <p>7 medical need. Isn't that -- do you understand that's</p> <p>8 what --</p> <p>9 A I understand the essence of deliberate</p> <p>10 indifference. Correct.</p> <p>11 Q And a conscious decision to do nothing</p> <p>12 would be evidence of deliberate indifference.</p> <p>13 Wouldn't it?</p> <p>14 A I'm not an attorney, sir. I -- I can't</p> <p>15 answer that. I am not an expert in law.</p> <p>16 Q Well, the Beck Depression Inventory with</p> <p>17 its sensitivity and specificity is indicative of a --</p> <p>18 of severe depression, as you indicated. Correct?</p> <p>19 A It's -- it's another tool that we use in</p> <p>20 our assessment of patients.</p> <p>21 Q And when did he take that test, according</p> <p>22 to the medical records?</p> <p>23 A I'd have to look to give you the exact time</p> <p>24 when he --</p> <p>25 Q It's the 5th, isn't it?</p>

<p style="text-align: right;">62</p> <p>1 A It's when he returned it. I just don't --</p> <p>2 Q Okay.</p> <p>3 A I don't know the exact time when he</p> <p>4 received it.</p> <p>5 Q Okay. See if we can find it.</p> <p>6 Exhibit 27.</p> <p>7 A So this was reviewed on November 5th by</p> <p>8 Nurse Pfeifer.</p> <p>9 Q And Exhibit 19 -- I've got to find</p> <p>10 Exhibit 19. I think it's in the middle pile here.</p> <p>11 Do you see 19?</p> <p>12 A I don't yet.</p> <p>13 Q Maybe I've got it here.</p> <p>14 19 or 20?</p> <p>15 Okay. We'll just take a second here and</p> <p>16 find it.</p> <p>17 Why don't we go off the record for five</p> <p>18 minutes.</p> <p>19 VIDEOGRAPHER: Off the record at 10:13 a.m.</p> <p>20 (Recess taken.)</p> <p>21 VIDEOGRAPHER: This is File 2. We're on</p> <p>22 the record at 10:25 a.m.</p> <p>23 BY MR. BENNETT:</p> <p>24 Q I think this is the exhibit that shows that</p> <p>25 it was given and scored on the 5th. If you look at</p>	<p style="text-align: right;">64</p> <p>1 Q And there's nothing that indicates that he</p> <p>2 reviewed it on the 6th, including -- he hasn't orally</p> <p>3 told you that, and there's nothing in writing that</p> <p>4 shows that it was done on the 6th. Correct?</p> <p>5 A I believe that he did it on the 6th, based</p> <p>6 on all of my experience working with Dr. Robertson;</p> <p>7 based on the way they hand off these cases in that</p> <p>8 clinic. He would have arrived on Monday morning. He</p> <p>9 would have had this referral waiting for him. I'm</p> <p>10 quite certain he reviewed this promptly that day.</p> <p>11 And -- reviewed this case. I don't know who he spoke</p> <p>12 to. And he would have made a determination then that</p> <p>13 he would see this patient on the 16th.</p> <p>14 Q Well, Trump believes windmills cause</p> <p>15 cancer.</p> <p>16 But there's nothing in the record that</p> <p>17 shows that he reviewed it on the 6th. Is there?</p> <p>18 A Again, that's all I can tell you, is I</p> <p>19 believe that he reviewed it on the 6th. Based on</p> <p>20 when I see this referral going to him, knowing that</p> <p>21 he would be there on Monday, and his typical</p> <p>22 operating procedure and our expectations in the</p> <p>23 clinic. So...</p> <p>24 Q Yeah. But please answer my question.</p> <p>25 There's nothing in the medical record that shows that</p>
<p style="text-align: right;">63</p> <p>1 the test to it, it marries up that way.</p> <p>2 A Yeah. It may have been -- wait one second.</p> <p>3 Oh. It was given on the 3rd.</p> <p>4 Q Well, when was it scored?</p> <p>5 A It was scored on the 5th. So he returned</p> <p>6 it on the 5th.</p> <p>7 Q And Crystal Waagmeester was called on the</p> <p>8 5th?</p> <p>9 A Correct.</p> <p>10 Q Immediately after getting that? That same</p> <p>11 day?</p> <p>12 A Yeah. Probably. Yeah.</p> <p>13 Q Yeah.</p> <p>14 A I don't -- yeah.</p> <p>15 Q Probably?</p> <p>16 A Uh-huh.</p> <p>17 Q And so between the 5th, the mental health</p> <p>18 specialist, Dr. Robertson, decided that he could go</p> <p>19 between the 5th and the 16th without being seen?</p> <p>20 A Ah...</p> <p>21 Q Due to your process and protocols, that</p> <p>22 sort of thing?</p> <p>23 A I believe Dr. Robertson reviewed this case</p> <p>24 on Monday the 6th, and made a determination that he</p> <p>25 was going to see the patient on the 16th.</p>	<p style="text-align: right;">65</p> <p>1 he saw -- that he reviewed it on the 6th?</p> <p>2 A It's not documented that it says</p> <p>3 November 6th on it. I agree.</p> <p>4 Q And if he did, he ignored him for ten days?</p> <p>5 A I don't believe he ignored this patient at</p> <p>6 all.</p> <p>7 Q Okay. Yeah.</p> <p>8 He doesn't believe he had any involvement</p> <p>9 with the patient at all. According to his own</p> <p>10 writing I showed you. Isn't that right?</p> <p>11 A I can't speak for Dr. Robertson's email a</p> <p>12 month later.</p> <p>13 Q Well, what do you base your belief on?</p> <p>14 A My experience with him and the medical</p> <p>15 records that I see.</p> <p>16 Q Well, the medical records don't indicate</p> <p>17 anything from Dr. Robertson, other than he scheduled</p> <p>18 him for appointment ten days after you believe he</p> <p>19 looked at the record, and 11 days after he scored a</p> <p>20 43 on the BDI. Correct?</p> <p>21 A What I see is that Dr. Robertson was</p> <p>22 consulted on this patient at least twice by our</p> <p>23 staff; reviewed the referral and the records</p> <p>24 available, and determined that he was going to see</p> <p>25 this patient on the 16th.</p>

<p style="text-align: right;">66</p> <p>1 Q Again, there's nothing -- you don't -- 2 you've never asked him about it? 3 A Dr. Robertson? 4 Q Yeah. 5 A I don't know if I've every spoke to him 6 about this patient or not. I don't recall. 7 Q Well, you indicated you hadn't spoken to -- 8 A No, you asked me if I had -- I don't 9 remember the exact words. If I had call and given 10 him the something about this case. And I haven't 11 done anything of the sort. I just don't recall if I 12 ever had any conversation with him shortly after 13 Mr. Lynas' death or not. 14 Q But not recalling could -- could be from 15 two things. One: You did it and you don't remember. 16 The second is you didn't do it at all. Right? 17 A I'm just telling you I, don't recall if I 18 had a direct conversation with Dr. Robertson shortly 19 after. 20 Q But the record reflects, from 21 Dr. Robertson, that he had no involvement in it. 22 Correct? 23 A No. The medical records don't say that. 24 Q Well, the only thing that -- isn't that 25 what Dr. Robertson wrote?</p>	<p style="text-align: right;">68</p> <p>1 A He can speak for that. I just -- I can't 2 speak for him. That's all. 3 Q You believe that untreated severe 4 depression can lead to suicide. Don't you? 5 A It's possible. Yes. 6 Q In fact, that's what happened in this case. 7 Isn't it? 8 A No. I don't believe that's what happened 9 in this case. I believe this patient made a 10 conscious decision to complete a suicide. I can't 11 tell you what was in his head. 12 Q Well, one of the things -- you have in the 13 medical record reports of interviews by Alyssa 14 Pfeifer. Right? 15 A Correct. 16 Q And the Beck Depression Inventory. Right? 17 These are the tools. Right? 18 A Correct. 19 Q And then you have these sort of discordant 20 suicide risk screening things that are low? 21 A I don't agree there's discordant, but -- 22 that's your word. 23 Q Well, are screening -- are the suicide risk 24 screening numbers discordant with a BDI of 43? 25 A I don't believe they have to be one in the</p>
<p style="text-align: right;">67</p> <p>1 A Dr. Robertson sent an email to someone a 2 month after this case saying whatever Dr. Robertson 3 said in his email. I'm just telling you, my review 4 of this case tells me that he was consulted on the 5 case at least twice. 6 Q Well, but the -- the actual -- 7 From Dr. Robertson there are two things in 8 the record. One: That handwritten note, say he's 9 scheduled to see him on the -- on 11/16/17. 10 A Correct. 11 Q And the second is the email. Right? 12 That's the only two things authored by Dr. Robertson. 13 Am I correct? 14 A Authored by Dr. Robertson. I agree with 15 that. 16 Q Okay. 17 A And again, I don't know -- I'm not going to 18 speak for what Dr. Robertson was saying in his email. 19 Q Well, the reason you write emails is to 20 communicate facts to people, among other things. 21 Correct? 22 A There's a lot of reasons for writing 23 emails. I just -- I just can't speak to what he 24 remembered at that time or not. I -- 25 Q But he can.</p>	<p style="text-align: right;">69</p> <p>1 same. I don't believe they have to give the same 2 numbers. They are what they are. They're 3 independent tools that you use. 4 Q And one is a tool that's been used for 5 essentially the entirety of your medical career -- 6 A Correct. 7 Q -- and is -- is a consistently utilized 8 psychometric test device used by psychologists and 9 psychiatrists the world over? 10 A I can't speak to how pervasive it's used 11 worldwide. I can tell you it's used commonly in our 12 operations, day in and day out. 13 Q Okay. 14 Have you ever listened to the phone calls 15 from James Lynas, patient or inmate number 12010? 16 A I don't believe so. 17 Q Had any -- read any reports of those? 18 A I don't believe so. 19 Q Okay. 20 Now, there's a -- there's a policy imposed 21 on you guys, the MEnD people, by Sherburne County 22 Sheriff's Department, as I understand it, about the 23 use of the term "suicide watch" not being something 24 that they want to have utilized. Right? 25 A I'm not aware of such policy.</p>

<p style="text-align: right;">70</p> <p>1 Q Not at all?</p> <p>2 A I'm not aware of any policy of that nature.</p> <p>3 Our -- our staff commonly used the term "suicide</p> <p>4 watch."</p> <p>5 Q And that's --</p> <p>6 A They may choose not to use that. I don't</p> <p>7 know.</p> <p>8 Q Who is "they"?</p> <p>9 A Sherburne County staff. I don't know.</p> <p>10 Q Well, you were the medical director there</p> <p>11 in November 2017. Right?</p> <p>12 A Correct.</p> <p>13 Q What was their policy in 2017?</p> <p>14 A I don't have their policy from '17</p> <p>15 committed to memory. I'm sorry. I don't know what</p> <p>16 it specifically says.</p> <p>17 Q But do you know what it generally said with</p> <p>18 regard to the use of the term "suicide watch"?</p> <p>19 A I don't recall that terminology.</p> <p>20 It was well understood between correctional</p> <p>21 staff and medical staff, whatever the term used, what</p> <p>22 it meant.</p> <p>23 Q Well, you are the -- you were the medical</p> <p>24 director. You don't know what terms that they wanted</p> <p>25 you to use?</p>	<p style="text-align: right;">72</p> <p>1 A This is a job description.</p> <p>2 I'm sorry. What was the question?</p> <p>3 Isn't it? Or did I misread it? Sorry.</p> <p>4 Q No, excuse me. I had -- maybe I handed you</p> <p>5 the wrong one.</p> <p>6 Oh, this is the job description for medical</p> <p>7 provider. You're responsible for the contents of</p> <p>8 that?</p> <p>9 A I'm one of the people responsible for</p> <p>10 putting this together.</p> <p>11 Q As the CEO, you're ultimately the person in</p> <p>12 charge?</p> <p>13 A Of my staff? I'm responsible for</p> <p>14 supervising my staff, correct.</p> <p>15 Q And supervising the policies that govern</p> <p>16 your staff?</p> <p>17 A Correct.</p> <p>18 Q Implemented by MEnD.</p> <p>19 (Reporter's note: No answer was provided.)</p> <p>20 BY MR. BENNETT:</p> <p>21 Q Now, you know that many, many of the</p> <p>22 inmates do not have regular mental -- or medical or</p> <p>23 mental health care. Correct?</p> <p>24 A You'd would have to be more specific. I'm</p> <p>25 sorry.</p>
<p style="text-align: right;">71</p> <p>1 A No. I know the terms that we used and they</p> <p>2 accepted them and they understood them.</p> <p>3 Q Okay. Maybe I have it wrong, then. Did</p> <p>4 you have a policy, did MEnD have a policy, to not use</p> <p>5 the term "suicide watch"?</p> <p>6 A No.</p> <p>7 Q You're perfectly comfortable with the use</p> <p>8 of the term "suicide watch"?</p> <p>9 A I am.</p> <p>10 Q And as far as you know, sitting here today,</p> <p>11 under oath, there was no restriction on the use of</p> <p>12 the term "suicide watch" at Sherburne County Jail in</p> <p>13 November of 2017?</p> <p>14 A I'm not aware of that, if that was in</p> <p>15 place.</p> <p>16 Q Okay. As I understand it, it's your job to</p> <p>17 know what's going on in the facilities you're the</p> <p>18 medical director at, if you're part of the suicide</p> <p>19 prevention plan. Correct?</p> <p>20 A I -- I am well aware of many things that</p> <p>21 were happening in Sherburne, and -- and I should know</p> <p>22 that. Yes.</p> <p>23 Q Did -- are you the person responsible for</p> <p>24 the development of Exhibit 17, the suicide prevention</p> <p>25 policy?</p>	<p style="text-align: right;">73</p> <p>1 Q Well, a lot of the inmates at Sherburne</p> <p>2 County do not have medical insurance. Would agree</p> <p>3 with that?</p> <p>4 A I'm still not totally following your</p> <p>5 question.</p> <p>6 Q Is it -- what don't you follow?</p> <p>7 A When you're incarcerated, you have no</p> <p>8 insurance. Are you talking about prior to</p> <p>9 incarceration?</p> <p>10 Q Yeah, prior to incarceration.</p> <p>11 A No. I would say most patients have</p> <p>12 insurance; just how many have MA versus private</p> <p>13 insurance. There's certainly some that do not have</p> <p>14 any insurance. But I would say, in recent years,</p> <p>15 because of legislation and such, we -- we have more</p> <p>16 people coming to the jail who are actively on</p> <p>17 insurance.</p> <p>18 Q You have a number of people that are</p> <p>19 obviously self-medicating for mental health problems?</p> <p>20 Like Mr. Lynas?</p> <p>21 A I -- again, I don't know the reasoning for</p> <p>22 drug abuse with this particular patient. But we</p> <p>23 certainly have a significant number of patients that</p> <p>24 come to us that abuse drugs for a variety reasons and</p> <p>25 circumstances. It's a significant problem.</p>

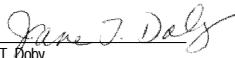
<p style="text-align: right;">74</p> <p>1 Q Does MENd's mental health -- does MENd's</p> <p>2 medical record of James Lynas, regarding James Lynas,</p> <p>3 indicate the fact that he was self-medicating with</p> <p>4 drugs to cover or mask his mental health?</p> <p>5 A I'd have to review the records to give you</p> <p>6 that level of detail. I know it documents that he's</p> <p>7 been abusing drugs.</p> <p>8 Q And do you remember...</p> <p>9 (Sotto voce communication between</p> <p>10 plaintiff's counsel.)</p> <p>11 BY MR. BENNETT:</p> <p>12 Q The history of the present illness in the</p> <p>13 medical record indicates that, doesn't it? That he</p> <p>14 was self-medicating, and had come to that realization</p> <p>15 here in prison -- or in jail, rather?</p> <p>16 A I don't see where he -- he claims that he's</p> <p>17 using drugs to -- the term "used," I don't see that.</p> <p>18 Unless I missed it.</p> <p>19 Q Read the sentence that after "reports."</p> <p>20 Out loud.</p> <p>21 A "Reports now being in jail"? That one?</p> <p>22 Q Uh-huh.</p> <p>23 A "Reports now being in jail is the first</p> <p>24 time in one and a half years he's been sober and is</p> <p>25 having to deal with his mental health. When asked</p>	<p style="text-align: right;">76</p> <p>1 future goals of going to treatment, and putting his</p> <p>2 life back together for his daughter so he [sic]</p> <p>3 doesn't have to go through the same thing he did.</p> <p>4 Reports --</p> <p>5 Q So she doesn't have to go through. Right?</p> <p>6 She doesn't have to?</p> <p>7 A For his -- oh, I'm sorry. "For his</p> <p>8 daughter so she doesn't have to go through the same</p> <p>9 thing he did. Patient reports if he did have</p> <p>10 suicidal thoughts he would tell the correctional</p> <p>11 officer or clinic."</p> <p>12 Q And you and I have been through that</p> <p>13 before. In fact, it's well-known the denial of</p> <p>14 suicide thoughts or the saying you would report it is</p> <p>15 not a reliable -- is not to be relied on by medical</p> <p>16 or mental --</p> <p>17 A We --</p> <p>18 Q -- health professionals.</p> <p>19 A We don't rely on that in and of itself. We</p> <p>20 try to take all the different aspects of a case that</p> <p>21 we can, and make the best clinical decision we can</p> <p>22 make.</p> <p>23 Q And in response to that, what he got was</p> <p>24 the hydroxyzine -- hydroxyzine prescription.</p> <p>25 Correct?</p>
<p style="text-align: right;">75</p> <p>1 how he's currently coping with it, patient stated,</p> <p>2 'Honestly, I'm suffering and not coping with it.'</p> <p>3 Do you want me to continue?</p> <p>4 Q Yeah.</p> <p>5 A "Patient reports he went to court on</p> <p>6 Tuesday and got four months, but possibility of going</p> <p>7 to workhouse after 30 days, but thinks it's in his</p> <p>8 best interest to do the four months and then go to</p> <p>9 treatment that does dual diagnosis to get help with</p> <p>10 drug use and mental health, like at Nystrom or</p> <p>11 Recovery Plus. Reports the last time he went to</p> <p>12 treatment, his mental health was not addressed, and</p> <p>13 he thinks that was part of the issue of returning to</p> <p>14 drugs. Patient reports definitely feeling depressed</p> <p>15 and, 'My anxiety is through the roof.'</p> <p>16 Keep going, or...</p> <p>17 Q Sure.</p> <p>18 A "Reports feeling very stressed about being</p> <p>19 locked in for 20 hours a day while in Gamma, but when</p> <p>20 he has time out, his -- of his cell, he watches TV or</p> <p>21 walks, which helps. Reports his insomnia is</p> <p>22 maddening, his mind is going crazy with thoughts, and</p> <p>23 going through many emotions, like frustration,</p> <p>24 irritated, and then emotional. Patient reports</p> <p>25 having current goal of getting life back together and</p>	<p style="text-align: right;">77</p> <p>1 A And a referral to a mental health</p> <p>2 professional.</p> <p>3 Q And that was written on what date?</p> <p>4 A This is on 11/5.</p> <p>5 Q So the referral was to occur, per the note</p> <p>6 of Dr. Robertson, 11 days after that?</p> <p>7 A No. The referral was made --</p> <p>8 Q Or the -- the --</p> <p>9 A -- promptly.</p> <p>10 Q He was supposed to see him 11 days after</p> <p>11 that?</p> <p>12 A Dr. Robertson determined from the referral</p> <p>13 that he would see him on the 16th.</p> <p>14 Q Uh-huh. Okay.</p> <p>15 Now, the contract refers to "crisis</p> <p>16 intervention services." What are they?</p> <p>17 A Well, typically, crisis intervention is,</p> <p>18 depending what jail you're in, is a mobile crisis</p> <p>19 unit that you can use when you feel necessary.</p> <p>20 Typically, if someone is on suicide watch and they're</p> <p>21 about to be released, occasionally we'll reach out to</p> <p>22 mobile crisis to assess a patient on the spot prior</p> <p>23 to release; especially, if there's any concerns with</p> <p>24 having a road deputy put an emergency hold on a</p> <p>25 patient and take him to the ER themselves.</p>

<p style="text-align: right;">78</p> <p>1 Q The contract calls for mental health 2 specialists to be at the institution, in April of 3 2014, three days a week, but by 2017, it was five 4 days a week. Right?</p> <p>5 A It was a minimum of five days, and I 6 believe there was actually even some days where if 7 Dr. Robertson requested, we would have additional 8 staff assist him.</p> <p>9 Q Yeah. Did you have a -- any other people 10 commit suicide during the first 16 days of November 11 at the Sherburne County Jail?</p> <p>12 A I don't believe so.</p> <p>13 Q Okay.</p> <p>14 A I don't -- I don't know the date of the 15 other suicide.</p> <p>16 Q So, Mr. Lynas was the only person desperate 17 enough to commit suicide during that time period. Is 18 that right?</p> <p>19 A I'm not going to characterize. I'm just 20 going to say that he is the only person that I'm 21 aware of that committed suicide in Sherburne County 22 Jail in the time frame you just provided.</p> <p>23 Q And that he made a plan, fashioned a noose, 24 fastened the noose to a -- a secure point in the 25 cell, and hung himself. Correct?</p>	<p style="text-align: right;">80</p> <p>1 A Yeah. I'd really prefer not to talk about 2 another patient's care or circumstances.</p> <p>3 Q He's dead and is long past caring. 4 The other person actually --</p> <p>5 A Well, I care.</p> <p>6 Q Okay.</p> <p>7 A I'm uncomfortable talking about -- 8 Q Okay.</p> <p>9 A -- another patient's care and situation 10 than this case.</p> <p>11 Q Well, we'll -- 12 But the other -- the Stearns County one, 13 the person had to secure a razor from a roommate; 14 disassemble the razor, the shaving razor; and utilize 15 a razor to cut himself from ear to ear, severing his 16 jugular vein. Remember that? And carotid artery?</p> <p>17 A Again, I -- I'm uncomfortable talking about 18 another patient's situation. I really am.</p> <p>19 Q Well, I think you have to answer the 20 questions. I don't think you -- you can -- you're --</p> <p>21 A Well, I've got privacy issues as a 22 physician that I --</p> <p>23 I don't even -- I'm not an attorney. I 24 don't know --</p> <p>25 Q Well, that's our client. So I'm -- I mean,</p>
<p style="text-align: right;">79</p> <p>1 A I can't speak to what was going through his 2 head directly before he completed his suicide.</p> <p>3 Q No. But that's -- that's what he did. I 4 didn't say anything about -- that was -- that was not 5 a question about his -- about his mental condition. 6 It was a question about the acts he took to 7 complete -- to make a plan and complete the plan. 8 Right?</p> <p>9 A I'm aware of the fact that he used some 10 sort of linen or sheet, or something of that nature, 11 and hung himself in his cell. That's the extent of 12 what I recall of the actual act of completing 13 suicide.</p> <p>14 Q But -- so you have to figure out a way to 15 commit suicide. That's the plan, right?</p> <p>16 A Yeah. I mean, I -- that plan can happen in 17 30 seconds; it can happen in ten seconds. It -- 18 that's what I mean. I don't know --</p> <p>19 Q Well, it can't, really, can it? I mean, it 20 takes longer to hang yourself than that, doesn't it?</p> <p>21 A To plan a suicide in a jail? No, it does 22 not take very long at all.</p> <p>23 Q Well, the other one we had, that you and I 24 know of, I mean, the guy had to get a razor from -- 25 secure a razor. Right?</p>	<p style="text-align: right;">81</p> <p>1 I know -- I know what I can do. So your attorney did 2 not tender an objection. Okay?</p> <p>3 A Okay.</p> <p>4 Q So answer the question.</p> <p>5 A Okay. What is the question, sir?</p> <p>6 Q Well, the question is: These -- in the two 7 suicides that you and I have been involved so far, 8 the first inmate had to secure a razor that he wasn't 9 supposed to have from the third party; disassemble 10 the razor; get into an area where he could be 11 private; and then take the disassembled razor and use 12 it to cut his throat. Right?</p> <p>13 A Yeah, I mean, my recollection of that event 14 is that this patient stole a razor from his cellmate. 15 I don't know exactly what he did with that razor. 16 And he went to the shower area, if I remember 17 correctly, and completed a suicide in that manner.</p> <p>18 Q Well, you -- you can't use it in the -- you 19 can't use the razor if it's in the form of a shaving 20 razor. You have to get the blade out to cut that 21 deeply. Don't you?</p> <p>22 A Yeah, I'm just saying. I don't know 23 exactly how he did that. I'm just saying that's 24 what -- that's my recollection of what happened.</p> <p>25 Q Okay. And in this case, the person had to</p>

<p style="text-align: right;">82</p> <p>1 get -- use materials in the cell to end his life in 2 the cell by fashioning a noose, fastening the noose 3 to a secure point in the cell, and then hanging 4 himself. Correct? 5 A That -- that is, in this particular case, 6 that's how I understand this happened. And that can 7 happen very quickly. It just depends on the person's 8 actions. And I'm just saying, there's no particular 9 timeline. Could have done it quickly. I don't know. 10 Q Okay. Do you have any understanding as a 11 physician how long it takes to kill yourself by use 12 of a fashioned ligature, like a sheet or a -- 13 A A hanging? 14 Q Yes. 15 A I mean, we always talk about 12 minutes. 16 After 12 minutes, the risk of death is high from 17 hanging. 18 Q Have you seen the video of Mr. Lynas 19 hanging himself? 20 A I have not. 21 Q You agree that despite what the contract 22 seems to say, that MEnD was to supply the mental 23 health and substance abuse services at the Sherburne 24 County Jail? 25 A I -- I'm not sure what you're specifying to</p>	<p style="text-align: right;">84</p> <p>1 assistance when he needed from our mental health 2 director, or if the mental health director directed 3 another mental health specialist to come on site when 4 he needed them. 5 Q And as I understand your testimony, and 6 correct me if I'm wrong, you were the medical 7 provider, actually, in November of 2017? 8 A No. That's incorrect. 9 Q Okay. Who was? 10 A Janell Mehlhoff. 11 Q Is that her name now? 12 A No. It's Janell Hussein. 13 Q Is there any indication that Janell Hussein 14 saw Mr. Lynas in the medical record that you 15 reviewed? 16 A In -- in the November incarceration, I 17 don't believe there's anything in my review of the 18 records that says that she saw him face-to-face. 19 Q How about the nursing director? 20 A Saw this patient face-to-face? 21 Q Yeah. 22 A I don't believe so. 23 Q Okay. So it would have been the nurses 24 that saw him face-to-face. Just plain RNs. Correct? 25 A Registered nurses who -- trained and</p>
<p style="text-align: right;">83</p> <p>1 what's in the contract. My understanding is that we 2 were to provide mental health services, and they had 3 another vendor on site that dove into if someone was 4 there long enough into substance abuse therapy and 5 on-site treatment. 6 Q And just so we're clear, if I -- reviewing 7 the... 8 Looking at the contract, you were to 9 provide administrative assistance that deal with the 10 medical records. Is that correct? 11 A Correct. 12 Q Nursing director -- 13 A Amongst other task. 14 Q Nursing director. Correct? 15 A Correct. 16 Q And who was the nursing director in 17 November of 2017? 18 A I believe it was Diana VanDerBeek. 19 Q Okay. 20 A I can't swear to that. But I believe 21 that's who it was at -- around this time in 2017. 22 Q The mental health specialist was 23 Dr. Robertson? 24 A Dr. Robertson was the main mental health 25 specialist on site. And then he would have</p>	<p style="text-align: right;">85</p> <p>1 experienced from us, in consultation with the medical 2 provider and our mental health specialist. 3 Q Yeah. But they're -- the only people that 4 saw him, visualized him, talked to him, were nurses? 5 A From our staff -- well, and then our -- our 6 health technicians would have saw him face-to-face. 7 Q For the three times for the medical and -- 8 A I don't know how many times they would have 9 seen him face-to-face. I know, based on the MAR, he 10 took hydroxyzine three times. I don't know what 11 other medications he took during that time. 12 Q Does MAR -- the MAR indicate he took 13 anything else? 14 A I'll have to look at it again. 15 Q Maalox. 16 A Yeah, he had Maalox available to him. 17 Q How did they give that? They don't chart 18 that the way they do a prescription. Do they? 19 A I would -- it's charted in the medical 20 records that it was put in place for him. And should 21 say in the MAR when he took it. Because that would 22 have been as needed as well. 23 Q Okay. Let's see if we can find that. 24 He -- so he took it on the 3rd twice. 25 Right?</p>

<p style="text-align: right;">86</p> <p>1 A Yep.</p> <p>2 Q And on the 5th twice?</p> <p>3 A Yep.</p> <p>4 Q And that's it?</p> <p>5 A So our health technicians would have seen</p> <p>6 him at least these times, and these times. And then</p> <p>7 I don't know if he ever took over-the-counter</p> <p>8 medications. Those are not on the MAR. That would</p> <p>9 be something he would request: I want some Tylenol,</p> <p>10 or I want something...</p> <p>11 Q Is Maalox a prescription?</p> <p>12 A No.</p> <p>13 Q I mean, that is over the counter, isn't it?</p> <p>14 A Yep. But this is specifically put in place</p> <p>15 by our staff.</p> <p>16 Q Okay.</p> <p>17 A That's why it goes on the MAR.</p> <p>18 Q And it looks like he had one pill,</p> <p>19 according to the MAR, of hydroxyzine 50 milligram, on</p> <p>20 the -- is that on the 6th and two on the 7th?</p> <p>21 A Correct.</p> <p>22 Q All right.</p> <p>23 And there's no notation on any -- on the</p> <p>24 MAR that he refused any drug?</p> <p>25 A It -- it wouldn't be a case of refusal</p>	<p style="text-align: right;">88</p> <p>1 met Crystal Waagmeester?</p> <p>2 A I'm not sure. It's possible, but I don't</p> <p>3 know.</p> <p>4 (Sotto voce communication between</p> <p>5 plaintiff's counsel.)</p> <p>6 BY MR. BENNETT:</p> <p>7 Q The terms of Exhibit 5 --</p> <p>8 That's the contract. Well, I'll show you</p> <p>9 the --</p> <p>10 -- defines a "mid-level practitioner" as,</p> <p>11 "An advanced registered nurse practitioner or</p> <p>12 physician assistant who has completed an advanced</p> <p>13 training program. A mid-level practitioner will be</p> <p>14 duly licensed to practice medicine in the appropriate</p> <p>15 state."</p> <p>16 Is that right?</p> <p>17 A That's what it says in -- in this document.</p> <p>18 Yes.</p> <p>19 Q And that's a document that you signed.</p> <p>20 Isn't it?</p> <p>21 A I'm assuming I did. I'd have to see,</p> <p>22 but...</p> <p>23 Correct.</p> <p>24 Q What was your schedule at the jail? When</p> <p>25 were you supposed to be there, if at all?</p>
<p style="text-align: right;">87</p> <p>1 because these are as needed. It's -- it's up to him</p> <p>2 whether he wants to take them or not.</p> <p>3 Q Well, wouldn't it still be -- wouldn't you</p> <p>4 chart the refusal?</p> <p>5 A There's no refusal, so there's no refusal</p> <p>6 to chart. If it's as needed, it's up to him. If he</p> <p>7 feels as though he needs them, all he has to do is</p> <p>8 ask for the medication. It's available. And he</p> <p>9 would have known that.</p> <p>10 Q Okay.</p> <p>11 The nurses refer to Crystal Waagmeester as</p> <p>12 a nurse practitioner throughout the record. Correct?</p> <p>13 A I don't know that. I'm not sure. She's a</p> <p>14 physician assistant.</p> <p>15 Q I know that.</p> <p>16 A Okay. I -- I don't know if they're</p> <p>17 referring to that or not.</p> <p>18 And either way, they would have referred to</p> <p>19 it as a medical provider. That's what's important</p> <p>20 for nursing staff.</p> <p>21 Q So it doesn't -- okay.</p> <p>22 So that wouldn't concern you, if they</p> <p>23 did -- can I have those?</p> <p>24 A Oh. Sorry.</p> <p>25 Q Do you know if any of these nurses has ever</p>	<p style="text-align: right;">89</p> <p>1 A I'd have to have more of a specific --</p> <p>2 when -- when do you mean?</p> <p>3 Q The Sherburne County Jail. When were --</p> <p>4 A In November 2017?</p> <p>5 Q Yeah. Good for starters.</p> <p>6 A I would have been on site for a variety of</p> <p>7 reasons: For cross coverage; if medical providers on</p> <p>8 site needed my assistance face-to-face with patients;</p> <p>9 if I were there for particular meetings; if I was</p> <p>10 there for case review with anyone. Oh, my goodness.</p> <p>11 There's a lot of different reasons I could be on</p> <p>12 site.</p> <p>13 Q So how many -- in November of 2017, how</p> <p>14 many jails did MEnD contract to provide such services</p> <p>15 at?</p> <p>16 A I don't have that number to memory at that</p> <p>17 moment.</p> <p>18 Q What's your best estimate?</p> <p>19 A I don't know if I have a best estimate. I</p> <p>20 don't want to speculate.</p> <p>21 Q Well, tell me the counties you remember.</p> <p>22 A I -- I can remember St. Louis County,</p> <p>23 Beltrami County, Crow Wing County, Stearns County,</p> <p>24 Benton County, Mille Lacs County. This is off the</p> <p>25 top of my head.</p>

<p style="text-align: right;">90</p> <p>1 Q Sherburne County?</p> <p>2 A Sherburne, of course.</p> <p>3 Q Todd?</p> <p>4 A No.</p> <p>5 Q Becker?</p> <p>6 A No.</p> <p>7 Dakota County, we had some services there.</p> <p>8 I believe Olmsted County. I believe Kandiyohi</p> <p>9 County. I believe Nobles County.</p> <p>10 Beyond that, I would be really speculating</p> <p>11 when particular customers came aboard.</p> <p>12 Q Any other states in 2017?</p> <p>13 A 2017? I believe we were with Douglas</p> <p>14 County, Wisconsin. And I don't recall if we were</p> <p>15 anywhere else.</p> <p>16 Q Iowa?</p> <p>17 A We had -- I don't know in 2017 if we had</p> <p>18 any services there. I don't recall.</p> <p>19 Q How many of those were you the medical</p> <p>20 director at in November of 2017?</p> <p>21 A The ones in Minnesota and Douglas County,</p> <p>22 Wisconsin.</p> <p>23 Q And how many prisoners were you the medical</p> <p>24 director for in 2017?</p> <p>25 A I -- I don't know the number.</p>	<p style="text-align: right;">92</p> <p>1 Q A thousand?</p> <p>2 A Potentially over a hundred.</p> <p>3 Q Are the nurses independent contractors</p> <p>4 versus employees?</p> <p>5 A No. They're employees.</p> <p>6 Q Okay. So all of the nurses, all of the --</p> <p>7 A Any employee that works for me would have</p> <p>8 been an employee at that time.</p> <p>9 Q Okay.</p> <p>10 A I just don't have exact number, you know,</p> <p>11 from that far back.</p> <p>12 Q How many MDs did you employ then?</p> <p>13 A Subcontracted one.</p> <p>14 Q So the only medical doctors in all of --</p> <p>15 for all of the counties you described, and any others</p> <p>16 that you can't remember, there was one subcontracted</p> <p>17 doctor and you?</p> <p>18 A Yep. And then we had nine medical</p> <p>19 providers at this time. And in 2017, I don't recall</p> <p>20 if it was less than that or not.</p> <p>21 Q And by "medical providers," you're talking</p> <p>22 about PAs?</p> <p>23 A Or NPs.</p> <p>24 Q Or what?</p> <p>25 A NPs. Nurse practitioners.</p>
<p style="text-align: right;">91</p> <p>1 Q Thousands?</p> <p>2 A On any given day? I wouldn't be able to</p> <p>3 give you an exact answer.</p> <p>4 Q Well, Sherburne County is how many on -- at</p> <p>5 a typical day?</p> <p>6 A In November 2017, it was probably, my best</p> <p>7 guess, is around 500 inmates. That's my best guess.</p> <p>8 So, I mean, to answer your question, I know</p> <p>9 it would be over a thousand.</p> <p>10 Q Would it be over 5,000?</p> <p>11 A I don't believe so. I don't believe so.</p> <p>12 Q How many in -- in Dakota?</p> <p>13 A At that time, I'm not sure. And I -- I</p> <p>14 wouldn't have been -- I don't believe I was the</p> <p>15 medical director in Dakota at that time because we</p> <p>16 only had nursing services then.</p> <p>17 Q Are you now?</p> <p>18 A We are now. Yep.</p> <p>19 Q Are you the medical director now?</p> <p>20 A Yes.</p> <p>21 Q How many employees did you have in 2017?</p> <p>22 A I wouldn't be able to give you a specific</p> <p>23 answer.</p> <p>24 Q Hundreds?</p> <p>25 A No.</p>	<p style="text-align: right;">93</p> <p>1 Q Okay.</p> <p>2 A Yeah.</p> <p>3 Q But in terms of doctors, medical doctors.</p> <p>4 And did you employ other doctors of -- either PsyDs</p> <p>5 or licensed clinical practitioners or masters in</p> <p>6 social work?</p> <p>7 A Oh, we had -- I mean, we had several</p> <p>8 master's level or higher mental health specialists.</p> <p>9 Dr. Robertson, of course, would have been</p> <p>10 psychologist.</p> <p>11 Q How many?</p> <p>12 A How many what?</p> <p>13 Q Mental health specialists.</p> <p>14 A At that time?</p> <p>15 Q Uh-huh.</p> <p>16 A I don't know the exact number.</p> <p>17 Q Well, give me -- tell me the people you can</p> <p>18 remember.</p> <p>19 A I don't know if --</p> <p>20 Q I mean, is it a handful or is it 50, or...</p> <p>21 A I would say it's somewhere around six.</p> <p>22 Q Okay.</p> <p>23 A It's between six and ten, somewhere in</p> <p>24 there. That's my --</p> <p>25 Q How many do you have now?</p>

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<p>1 A -- educated guess. 2 I can tell you, if you give me a second. 3 I believe we have ten. 4 Q How many doctors do you have now? 5 A Medical doctors or -- 6 Q Medical doctors. 7 A Myself and our subcontracted physician. 8 Q And who is the subcontracted one? 9 A Steve Scurr. 10 Q And how long has he been subcontracted? 11 A I don't know the exact time frame. It's 12 been a while. 13 Q How many hours does he work in a given 14 week, for you? 15 A It varies. I guess, it could be up to 16 eight to 12. That would be speculating, though. 17 I -- it varies week to week. 18 MR. BENNETT: Okay. 19 Why don't we take five. 20 VIDEOGRAPHER: Off the record at 11:10 a.m. 21 (Recess taken.) 22 VIDEOGRAPHER: This is File 3. We're on 23 the record at 11:22 a.m. 24 MR. BENNETT: I have no further questions. 25 MR. HIVELEY: No questions.</p>	<p>1 2 REPORTER'S CERTIFICATE 3 4 I, Jane T. Doby, Registered Merit Reporter, a 5 Notary Public in and for the County of Hennepin, 6 State of Minnesota, certify that the foregoing is 7 a true record of the testimony given by TODD LEONARD, 8 who was first duly sworn by me, having been taken on 9 May 31, 2019, at Caribou Coffee, St. Cloud West, 4135 10 West Division Street, St. Cloud, Minnesota, in my 11 presence and reduced to writing in accordance with my 12 stenographic and computerized notes made at said time 13 and place; 14 15 I further certify that I am not a 16 relative or employee or attorney or counsel of any 17 of the parties or a relative or employee of such 18 attorney or counsel; 19 That I am not financially interested in 20 the action and have no contract with the parties, 21 attorneys, or persons with an interest in the 22 action that affects or has a substantial tendency 23 to affect my impartiality; 24 That the cost of the original has been 25 charged to the party who noticed the deposition, and that all parties who ordered copies have been charged at the same rate for such copies; That the witness DID request an opportunity to review the transcript. WITNESS MY HAND AND SEAL this 5th day of June, 2019.  Jane T. Doby Registered Merit Reporter Notary Public Hennepin County, Minnesota</p>
<p>1 MR. NOVAK: We will read and sign. 2 VIDEOGRAPHER: This concludes the video 3 deposition. It is 11:23 a.m. 4 (The video deposition of TODD LEONARD was 5 concluded at 11:23 a.m.) 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p>	<p>1 ERRATA SHEET 2 I, TODD LEONARD, certify that I have read and 3 examined the typewritten transcript of the deposition 4 taken of me in the matter of David W. Lynas, Trustee 5 for the next-of-kin of James C. Lynas vs. LINDA S. 6 STANG, ET AL., on May 31, 2019, consisting of the 7 preceding pages, and find the same to be true and 8 correct. 9 (Except as follows): 10 Reason Page Line Correction for Change 11 12 13 14 15 16 17 18 19 20 21 22 23 Dated this _____ day of _____ 24 25 TODD LEONARD</p>

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1 EXAMINATION INDEX	
2 By Mr. Bennett: 4-94	
3 -----	
4 EXHIBIT INDEX	
5 Exhibit 5: Agreement for the Provision of	
6 Inmate/Detainee Health Services -	
7 Sherburne County	
8 reviewed 11,88	
9	
10 Exhibit 10: Beck Depression Inventory-II (BDI-II)	
11 Pages 1 and 2	
12 reviewed 57	
13	
14 Exhibit 12: Hydroxyzine (Oral Route), Description	
15 and Brand Names (Mayo Clinic)	
16 reviewed 46	
17	
18 Exhibit 13: Email communications (various)	
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20 Exhibit 14: MEnD Mental Health Referral form, 11/5/17	
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25 Exhibit 26: Electronic charting forms	
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